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ABSTRACT

This annotated bibliography, which was developed as part of a series of selected bibliographies on aging for Great Britain's Centre for Policy on Ageing, contains a total of 368 entries organized under the following subject headings: risk (identification, nature, responsibilities, risk taking, security); environmental safety (hazards, design, accident data); communications (dispersed alarms, electronic monitoring, telephone support, area wardens, two-way communications); falls (causes, prevention, consequences); fire (prevention measures, fire-fighting strategies, evacuation); food and drink (nutrition, effects of alcohol, equipment); health and fitness (exercise, relationship between health and aging); hypothermia (medical factors, environmental factors, diagnosis, management, other cold-related risks, health-related risks); medication (drug administration, adverse reactions, adverse interactions, overmedication); mobility (footwear, walking aids, lifts, wheelchairs); and road safety (drivers, pedestrians, car adaptations). Each annotation contains the following information: author, title, publisher and city/year of publication, document length, and annotation summarizing the document's content and/or thesis. Concluding the bibliography is an author index. (MN)

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ED 378 310

Selected Bibliographies on Ageing

3

Risk-taking, safety and older people

compiled by

Wendy Jackson

information service

Centre for Policy on Ageing

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

Selected Bibliographies on Ageing

Since its inception in 1972, the Information Service at CPA has been putting together a variety of reading lists for students, researchers and professional people interested in ageing. By publishing the lists in booklet form, the series **Selected Bibliographies on Ageing** takes this process one step further, making the extensive work being carried out in the field of ageing even more accessible.

Bibliographies are published on a wide range of topics which reflect the interests of the Centre itself, and those of the many organisations and individuals with which CPA is in contact. Much of the literature referred to in the bibliographies is held in the Centre's library, Britain's largest collection on ageing. This major international resource is available for reference purposes by appointment.

The issue of risk-taking is central to everyone's lives and is no less important to older people. This bibliography covers literature on the topic from the broadest perspective of self-determination and the rights of older people, to the more specific issues of safety and environmental hazards.

Successful community care policy relies on the maintenance of independence of those living in the community and this bibliography provides a valuable resource for those working on the planning and provision of services and the formulation of safety policy.

Wendy Jackson, the compiler, has worked for a number of years within the subject area of ageing and is well known for her publication *Understanding the needs of older people: selected list of audio-visual items and training material.*[1] With this bibliography on risk-taking she has provided another excellent reference source for all who have an interest in the subject of older age.

Gillian Crosby
Editor, Selected Bibliographies on Ageing

[1] Jackson, W. (comp) (1992) *Understanding the needs of older people: selected list of audio-visual items and training material*, London: Centre for Policy on Ageing

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INTRODUCTION

Since perceptions of risk and safety permeate all aspects of daily living, the foremost task when compiling this bibliography was to decide what limitations to place on the scope of the literature. Whatever precautions we may take, to some extent we are at risk every moment of our lives from both accident and disease; living in itself necessarily involves risk. There are, however, several areas where the consequences of inadequate attention to safety are more serious for older people than for the population as a whole; equally there are situations where the risks incurred may be considered preferable by some older people to restrictions on their independence. To take risks with one's own safety, it is necessary to have full knowledge of likely outcomes.

Since the concept of risk is so central, the first section of this bibliography, though sadly short, comes under this heading. This is followed by a section on general environmental safety, which pulls together literature on environmental hazards, design and strategies to combat those hazards and accident data. The subsequent sections, in which the topic areas are arranged alphabetically, are confined to areas of risk which particularly affect or have more serious implications for older people, and since it is concerned with risk-**taking** as well as safety, I have also selected literature referring to risks over which older people themselves, and those responsible for their well-being, may have some control. For this reason, although I have included a section on health and fitness, the vast body of literature which is primarily concerned with age-related degenerative disease has been omitted. Many of the sections include publications which relate specifically to institutional settings, but there is no separate section listing these as such a grouping would have been contrary to the objective of making every effort to ensure that life for those in long-term care is as much like life elsewhere as possible.

In some topic areas there is relatively little recent literature: anxiety about hypothermia seems to have had its heyday in the eighties, there were many publications about the disastrous effects of fire in the seventies, while literature reflecting concern for safe design in the public environment is still scarce in the early nineties. It is to be hoped that more publications in all these areas will be generated during the coming decade.

For relevant addresses of organisations in the field of ageing, I would like to take the opportunity of directing readers to CPA's *Directory of services for elderly people* which is regularly updated and brings together a wealth of information on both the statutory and non-statutory sectors.[1]

Finally, I should like to acknowledge the contribution of Deirdre Wynne-Harley, whose report for the DTI was the starting point for this bibliography,[2] and to record my grateful thanks to Gillian Crosby, Assistant Director of the Centre for Policy on Ageing, for both her initial guidance and invaluable comments thereafter, and to Helen Monypenny who offered so many helpful suggestions and tirelessly provided me with publications from the Centre's library. I should also like to thank the staff of the libraries of the Disabled Living Foundation, the Royal Society for the Prevention of Accidents and the Centre for Accessible Environments for their generous hospitality and assistance.

Wendy Jackson
Compiler

[1] Centre for Policy on Ageing (comp) (1991) *Directory of Services for Elderly People 1992*, Harlow: Longman Group UK Ltd

[2] Wynne-Harley, D. (1991) *Living dangerously: risk-taking, safety and older people*, London: Centre for Policy on Ageing (CPA Report No 16)

RISK

The concept of risk is central to this bibliography and yet there has been a comparative shortage of literature on the subject as compared to specific tangible issues such as fire and road safety. Both the problem of how to identify risk and conscious risk-taking have, however, generated some literature in relation to older people. Recent controversy has focused particularly on the extent to which older people have the right to take risks which may threaten their safety, in order to maintain their autonomy (Wynne-Harley 1991, Statham 1992), although self-determination was seen as an important issue as early as 1979 (Clough and Burton 1979, Harrison 1979) and continued to be so through the eighties (Midwinter 1986, Norman 1987).

1 ASSOCIATION OF DIRECTORS OF SOCIAL SERVICES (1991) *Adults at risk*, Stockport: Association of Directors of Social Services, 8pp

Considers the nature of risk, the people at risk, policy, practice, legislation and responsibility.

2 BOWLING, A. (1985) Tracking down the elderly at risk, *Health and Social Service Journal*, 4937, February, 254-5

Puts the case for older people's health clinics with provision for home assessments as a better way of identifying those who are 'at risk'.

3 BREARLEY, P. (1979) Understanding risk, *Social Work Today*, 10 (31) 28

Emphasises the need for social workers to assess the implications of older people being at risk.

4 BREARLEY, P. et al (1982) *Risk and ageing*, London: Routledge and Kegan Paul, 149pp

Looks at coping with the practical hazards of old age and management in the care of older people set within the more general context of risk.

5 CARSON, D. (1984) How to take risks without tripping up, *Health and Social Service Journal*, 4912, August, 1026-7

Discusses risk-taking policies in health care.

6 CLOUGH, R. and BURTON, J. (1979) Rights, risks and responsibilities, *Social Work Today*, 10 (42) 27

Argues that residential workers should consider how they would wish to live in a home when they are older and should attempt to change residential care to give residents maximum control over their own lives.

7 FERGUSON, E.J. (1978) *Protecting the vulnerable adult: a perspective of policy and program issues in adult protective services*, Ann Arbor: Institute of Gerontology, University of Michigan-Wayne State University, 111pp

Considers social policy and legal issues concerned with providing services for vulnerable and dependent adults.

8 GREEN, M. (1977) Aspects of old age, *British Journal of Social Work*, 7 (3) 301-20

Considers the risks of old age and the problems of providing supportive services, as illustrated by seven older hospital patients.

9 HARRISON, P. (1979) 'George should be in a home' they said, *Social Work Today*, 10 (28) 18

A case study of an older man, illustrating the conflict between an old person's preference to continue living in his own home despite possible risks, and professional concern that he should be in care.

10 MIDWINTER, E. (1986) Forced to be free, *International Journal of Geriatric Psychiatry*, 1 (1) 71-3

Emphasises the right of older people to self-determination and independence in all areas of their lives.

11 MIDWINTER, E. (1990) *The old order: crime and older people*, London: Centre for Policy on Ageing (CPA Reports No 15), 80pp

Demonstrates that older people's fear of crime is not reflected by the actual figures, yet the fear itself does have a big effect on their lives. As well as considering actual crime, the report examines the role of social and environmental factors in inducing fear and calls for a 'confident community' to combat its impact.

12 NORMAN, A.J. (1987) *Rights and risk: a discussion document on civil liberty in old age*, London: Centre for Policy on Ageing, 96pp

A report on compulsory care, rights in residential homes, consent to treatment, the role of the Coroner and the Court of Protection. Examines the ways in which older people's rights are eroded, often as a result of understandable concern and a desire to ensure their safety. Considers the rights of older people to take risks if they wish to do so.

13 (1989) Risk taking - a fundamental right for all, *Cheshire Smile*, April 18

Maintains that the right to take risks should be unqualified providing the rights of others are not infringed.

14 STATHAM, D. (1992) *What if they hurt themselves?*, London: Counsel and Care, 48pp

A discussion document on the uses and abuses of restraint in residential care and nursing homes for older people. Includes a discussion of the legal position of older people living in a residential setting.

15 TAYLOR, R.C. and FORD, E.G. (1983) The elderly at risk: a critical examination of commonly identified risk groups, *Journal of the Royal College of General Practitioners*, 33 (256) November, 699-705

Describes a study which assessed the nature and extent of risk for 11 subcategories of older people. Concludes that those most at risk are the recently moved, recently discharged, divorced/separated and the very old.

16 WALTON, R. (1978) Training for risk taking: applications in residential care, *Social Work Service*, 18, December, 1-5

Outlines the nature of risk in social work, gives a Freudian analysis of anxiety and considers aspects of risk in residential care.

17 WYNNE-HARLEY, D. (1991) *Living dangerously: risk-taking, safety and older people*, London: Centre for Policy on Ageing (CPA Reports No 16), 64pp

Argues that a balance needs to be sought between risk and safety and that, wherever possible, it is older people themselves who need to decide where that balance lies. Case studies are used to highlight particular issues and a detailed checklist included to enable individuals to assess their own risks and make informed decisions about their lifestyles.

ENVIRONMENTAL SAFETY

This section includes literature relating to environmental hazards, design, and analysis of accident data, both in the home and outside. While there is a considerable amount of literature on safety in the home and available equipment to help older and disabled people to live as independently as possible, there is a striking shortage of publications dealing with the external environment. This may be because research shows that most accidents occur in the home. However, if older people are not encouraged by the provision of public environments designed with their needs in mind, some may feel that the risk-taking involved is too great.

18 AGE CONCERN ENGLAND and NATIONAL HOUSING AND TOWN PLANNING COUNCIL (1990) *An owner's guide: your home in retirement*, London: Age Concern England and National Housing and Town Planning Council, 68pp

A guide to making decisions about housing. Includes information on warmth, safety and comfort.

19 AGE CONCERN RESEARCH UNIT (1977) *Profiles of the elderly: volume 3, no 5: accidents*, Mitcham: Age Concern, 20pp

Provides statistical information on fatal accidents to older people, road accidents, home accidents, falls and fractures, deaths from fire and deaths from accidental poisoning.

20 BAINBRIDGE, I.C. and BLACK, M.J.M. (1983) Scalds of the elderly in residential care, *British Medical Journal*, 297 (6646) 472

Discusses fatal burns of older people in residential homes.

21 CARSTENS, D.Y. (1985) *Site planning and design for the elderly: issues, guidelines and alternatives*, New York: Van Nostrand Reinhold, 170pp

Provides guidelines for planning outdoor spaces to accommodate the needs of older people.

22 COCHRANE, G.M. and WILSHERE, E.R. (eds), HOLLINRAKE, D. (comp) (1987) *Gardening equipment for the disabled*, Oxford: Nuffield Orthopaedic Centre, 76pp

Provides information, with illustrations, on a wide range of equipment to help disabled and older people to maintain their gardens. Also includes advice on garden design.

23 COCHRANE, G.M. and WILSHERE, E.R. (eds), WILSHERE, E.R. (comp) (1983) *Equipment for the disabled: leisure and gardening*, Oxford: Nuffield Orthopaedic Centre, 109pp

A listing which includes in its leisure section information on access, travel, holidays, outdoor activities, sports and artistic activities. The gardening section lists a wide variety of tools and aids to help disabled and older people cope with the maintenance of their gardens.

24 COCHRANE, G.M. and WILSHERE, E.R. (eds), WILSHERE, E.R. (comp) (1985) *Equipment for the disabled: personal care*, Oxford: Nuffield Orthopaedic Centre, 59pp

Gives detailed information, with illustrations, on equipment to help with bathing, showering, hair care, shaving, nail care and toileting.

25 COCHRANE, G.M. and WILSHERE, E.R. (eds), WILSHERE, E.R. (comp) (1986) *Equipment for the disabled: housing and furniture*, Oxford: Nuffield Orthopaedic Centre, 94pp

Gives detailed information, with illustrations, on a wide variety of household equipment which will increase confidence and improve daily living for disabled and older people, including flooring, doors, ramps, electrical fittings, handrails, windows, bed accessories, chair accessories and tables.

26 COCHRANE, G.M. and WILSHERE, E.R. (eds), WILSHERE, E.R. (comp) (1987) *Home management: equipment for the disabled*, Oxford: Nuffield Orthopaedic Centre, 86pp

Comprises a listing of special equipment designed to make daily life in the home easier and safer for older and disabled people, including such items as knives, scissors, graters, vegetable peelers, food processors, anti-slip aids, and holding and gripping aids. There is also a section specifically on safety, dealing with such things as plugs and hot water bottles.

27 COHEN, C. (1986) Accidents and the elderly in hospital, *Health Bulletin*, 44 (3) 120-1

Maintains that a detailed assessment of older patients and the creation of a safe environment should reduce the accident rate in mental illness hospitals.

28 CONSUMER SAFETY UNIT, DEPARTMENT OF TRADE (1980) *Personal factors in domestic accidents: prevention through product and environmental design*, London: Consumer Safety Unit, Department of Trade, 28pp

A model for accident research and prevention which attempts to deal with factors such as tiredness and stress.

29 CONSUMER SAFETY UNIT, DEPARTMENT OF TRADE AND INDUSTRY (1991) *Home and leisure accident research: physical disability and consumer safety*, London: Department of Trade and Industry, 66pp

Describes characteristics of home and leisure accidents. Includes sections on falls, fire safety, cooking and packaging safety.

30 CRAWFORD, R. (1990) Carbon monoxide poisoning in the home: recognition and treatment, *British Medical Journal*, 301 (6758) 977-9

Warns of the dangers to older housebound people with recurrent illness, especially during the winter months.

31 DAS, S.K. et al (1979) A safe home: prevention of accidents in the home, *British Journal of Geriatrics and Psychogeriatrics*, 5, 162-4

Emphasises that facilities in a house or flat should be carefully investigated before an older patient is discharged to live alone.

32 DEPARTMENT OF ENVIRONMENT (1971, first printed 1967) *Safety in the home*, London: HMSO (Design Bulletin 13), 32pp

Concerned with safety aspects of food preparation, eating and refuse disposal, kitchen layout, space outside the kitchen, laundering, housework, leisure, sleeping and personal care, circulating, entering and leaving, electricity, gas, heating, windows and floors. Includes a checklist. Aimed at all age groups.

33 DEPARTMENT OF PRICES AND CONSUMER PROTECTION (1976) *Collection of information on accidents in the home: proposals for an accident surveillance system*, Department of Prices and Consumer Protection, 24pp

Published in connection with the Government's consultative document on consumer safety.

34 DEPARTMENT OF TRADE AND INDUSTRY (1989) *Home and leisure accident research: special report: accidents and elderly people: 12th annual report: home accident surveillance system: 1988 data*, London: Department of Trade and Industry, 58pp

Examines home accidents in the UK, home and leisure accidents of older people and provides accident data for 1988.

35 DISABLED LIVING FOUNDATION and SEEBOARD (1992) *Information and advice for elderly or disabled persons*, London: Disabled Living Foundation, 33pp

Directed at older and disabled people themselves. Gives advice on how to ensure greater safety in the home, especially with regard to electrical appliances.

36 DOVE, A.F. and DAVE, S.H. (1986) Elderly patients in the accident department and their problems, *British Medical Journal*, 292 (6523) 807-9

Gives the results of information gathered during two months in the winter and two in the summer about all patients aged 70 years and over attending a large accident and emergency department. It was found that with increasing age more older people attended as a result of accidents in the home.

37 EUROPEAN CONSUMER SAFETY ASSOCIATION [ECSA] (1989) *Proceedings of the conference on safety for elderly people: Leuven, 22-23 November 1988*, Amsterdam: European Consumer Safety Association, 112pp

Comprises 15 chapters originating from papers presented at the conference. Topics include mechanisms and injuries, drugs and falls, and alarm systems.

38 FRASER, F. (1987) *Assessment of bath boards and bath seats*, Department of Health Disability Equipment Assessment Programme, 19pp

Provides an evaluation of available bath boards and bath seats.

39 GEORGE, J. et al (1988) Aids and adaptations for the elderly at home: underprovided, underused, and undermaintained, *British Medical Journal*, 296 (6633) 1365-6

Describes a study of a random sample of 145 older people aged over 75 years to assess the provision and use of aids and adaptations in their homes. Revealed that many of the aids assessed, particularly walking aids, were faulty, with possible dangerous consequences.

40 GRAHAM, H.J. and FIRTH, J. (1992) Home accidents in older people: role of primary health care team, *British Medical Journal*, 305 (6844) 30-2

Describes a study which investigated the environmental factors, both reported and unreported, in home accidents amongst older people. Concludes that although incidence of home accidents in people aged over 65 years was high, few events were reported to medical services. Stresses the need for improved publicity on home safety to be targeted at older people.

41 HALL, M. (1985) The elderly: ageing and environment, *Architects Journal*, 181 (22) 63-4

Affirms that architects need to create environments that enable older people to lead safe yet active lives despite infirmities.

42 HARRIS, C. and MAYFIELD, W. (1983) *Selecting easy chairs for elderly and disabled people*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology, 24pp

Provides guidance on selecting appropriate easy chairs for older and disabled people.

43 HELP THE AGED and ROYAL SOCIETY FOR PREVENTION OF ACCIDENTS (1991) *Safety in your home: a Help the Aged advice leaflet*, London: Help the Aged, 11pp

Provides information on home safety, including staying active, taking medicines, safety in the kitchen, the bathroom and the bedroom, and DIY safety.

44 (1988) Home safety checklist for the elderly, *Community Safety and Health*, July/August, 3-4

A checklist for living safely at home.

45 (1987) Housing for older people, *Voluntary Housing*, 19 (5) 35-50

Emphasises the involvement of housing associations in providing options: for example, caring for home owners, needs of ethnic older people, role of wardens, alarm systems.

46 LOCAL GOVERNMENT TRAINING BOARD (1983) *Health and safety in sheltered housing: tutor's manual*, Luton: Local Government Training Board, 44pp

Includes tape/slide presentations to assist local authorities with health and safety training in sheltered housing schemes.

47 LONDON HOSPITAL (1986) *A report of an assessment of irons and ironing boards*, Whitechapel, London: Department of Health Disability Equipment Assessment Programme

An evaluation of available irons and ironing boards suitable for older and disabled people.

48 LOVESEY, E.J. (1990) *Contemporary Ergonomics 1990*, London: Taylor and Francis, 511pp

The proceedings of the Ergonomics Society's 1990 annual conference at Leeds, 3-6 April. Among other topics dealt with are design and evaluation, musculoskeletal disorders, cognitive performance, sports ergonomics, process control, biomechanics, ergonomics for older people and communications.

49 MORFITT, J.M. (1979) Accidents to old people in residential homes, *Public Health*, May, 177-184

A review of the data from the Home Accident Surveillance system, discussing the relative risk of injury in residential homes and prospects for prevention.

50 MORI for HELP THE AGED (1987) *Security in the home*, London: MORI (MORI/3732), 8pp + appendices

Discusses perceptions of security in the home as well as actual security and older people.

51 MTP CONSTRUCTION (1974) *Housing the elderly: design bulletins*, Lancaster: MTP Construction

Brings together in bound and index form publications from the Department of the Environment directly concerned with appropriate housing for older people. A compendium of information to enable architects and builders to place adequate emphasis on the design requirements of older people.

52 NORFOLK AND NORWICH HOSPITAL (1980) *Assessment of self-rise chairs and cushions: summary report*, Norwich: Department of Health Disability Equipment Assessment Programme

An evaluation of available self-rise chairs and cushions suitable for older and disabled people.

53 (1979) Old and disabled, *Public Service and Local Government*, 9 (3) 38-65

Collection of articles on the provision of accommodation for older and disabled people, including aspects of design, sheltered housing and alarm systems.

54 POYNER, B. (1986) *Home and leisure accident research: accidents to the elderly*, London: Consumer Safety Unit, Department of Trade and Industry, 39pp

Considers gender differences in accident rates, the seriousness of home accidents to older people, the presence of personal/medical factors, falls moving about on the level, and falls while climbing to reach up. Concludes that falls constitute the greatest risk to older people and for the most part safety problems for people aged over 65 years are little different from the rest of the adult population.

55 POYNER, B. and HUGHES, N. for DEPARTMENT OF PRICES AND CONSUMER PROTECTION (1978) *A classification of fatal home accidents*, London: Tavistock Institute of Human Relations, 63pp

This small-scale study of fatal accidents aims to discover how far the causes and processes involved differ from non-fatal accidents. The study is based on HM Coroner's files for inquests on home accidents. The report is in three parts: part 1 sets out the main findings and the principal recommendations; part 2 describes the selection of the sample and some of the problems of defining fatal home accidents; part 3 presents the classification and analysis of 450 fatal home accidents.

56 REINIUS, K.L. (1984) A place of one's own - on the design of dwellings with regard to the very oldest. In: REINIUS, K.L., *The elderly and their environment*, Stockholm: Swedish Council for Building Research, 103-12

Discusses improvements in the design of private dwellings for older people in order for them to continue to live safely in their accustomed environment.

57 RENNIE, A.M. and GALER, M. (eds) (1981) *Ergonomics and cooker design*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology, 65pp

Investigates safe and efficient designs for cookers.

58 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (1983) *Assessment of back rests for use in car seats*, Bath: Department of Health Disability Equipment Assessment Programme

An evaluation of available back rests for use in cars suitable for older and disabled people.

59 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (1988) *An assessment of sewing and knitting equipment*, Bath: Department of Health Disability Equipment Assessment Programme

An evaluation of available sewing and knitting equipment suitable for use by older and disabled people.

60 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (1988) *An assessment of woodwork tools*, Bath: Department of Health Disability Equipment Assessment Programme

An evaluation of available woodwork tools suitable for use by older and disabled people.

61 ROYAL SOCIETY FOR THE PREVENTION OF ACCIDENTS [ROSPA] (1983) *Safety in retirement*, Birmingham: Royal Society for the Prevention of Accidents, leaflets

Prepared as part of a joint campaign by ROSPA and Age Concern England to promote home safety for the growing retired population.

62 ROYAL SOCIETY FOR THE PREVENTION OF ACCIDENTS (1989) *Growing older ... safely*, Birmingham: Royal Society for the Prevention of Accidents, 15pp

Gives advice on how to stay active safely in various situations within the home. Concludes with a miscellaneous checklist.

63 ROYAL SOCIETY FOR THE PREVENTION OF ACCIDENTS (1992) *Home safety: safety for older people*, Birmingham: Royal Society for the Prevention of Accidents (HS17), 30pp

Concerned with hypothermia, falls, fire, toxic hazards, scalds, contact burns and other accidents within the context of the home.

64 ROYAL SOCIETY FOR THE PREVENTION OF ACCIDENTS (1992) *Keep safe: ideas for older people and those with disabilities*, Birmingham: Royal Society for the Prevention of Accidents, 15pp

Provides advice on how to reduce the risk of accidents both in the home and outside.

65 SCRUTTON, S. (1986) Personal effects, *Social Services Insight*, 1 (27) 14-15

Argues that the safety, and therefore the independence and quality of life of older people is greatly affected by the design and layout of the building in which they live.

66 SIME, J.D. (ed) (1988) *Safety in the built environment*, London: E & F N Spon, 368pp

Evolved out of contributions to the International Conference on Safety in the Built Environment held in Portsmouth, 13-15 July 1988. Concerned with safety for all age groups - design codes, evacuation of public buildings, access and egress for people with mobility difficulties, escape route lighting, accidents on stairs, crime and safety.

67 SMITH, C. (1976) Accidents and the elderly, *Nursing Times*, 72 (48) 1872-4

Describes the type of accidents to which older people are prone, the predisposing factors and suggestions for prevention.

68 SPERLING, L. (1984) The functional capacity of the elderly - the design of grips and handles. In: REINIUS, K.L. (ed), *The elderly and their environment*, Stockholm: Swedish Council for Building Research, 113-17

Discusses the design of various handles and controls. Deals particularly with window fastenings, electric sockets and taps.

69 THROWER, T. (1987) Kitchen designs lay traps for the elderly, *Geriatric Medicine*, 17 (2) 67-9

A survey of 45 tenants in newly built sheltered housing revealed that kitchens contained features that created unnecessary risks. Advocates closer links between the medical and design professions over housing for older people. Recommends that community occupational therapists should be enabled to survey new sheltered housing units and make suitable recommendations before occupation.

70 WEAL, F. and WEAL, F. (1988) *Housing the elderly: options and design*, London: Mitchell, 144pp

Provides detailed design guidelines for sheltered housing complexes, bearing in mind physiological needs, safety needs and psychological needs.

71 WORLD HEALTH ORGANISATION WORKING GROUP in cooperation with INTERNATIONAL CENTER OF SOCIAL GERONTOLOGY (1983) *Medical and social aspects of accidents among the elderly*, Paris: International Center of Social Gerontology, 82pp

Report of a working group at University of Bordeaux II, 29-30 June 1982. Data is presented on road traffic accidents, accidents in the home and accidents resulting from intoxication. Sections include suicide, the economic aspect of accidentology in older people, the psycho-physiological process of ageing and the role of degenerative diseases in predisposition to accidents, environmental risk factors, priorities for accident prevention and recommendations for future research.

72 WRIGHTSON, B. and POPE, C. (1989) *From barrier free to safe environments: the New Zealand experience*, New York: World Rehabilitation Fund (monograph no 44), 111pp

A plea for safe design and an environment accessible to all. Includes designs for safe housing.

COMMUNICATIONS

The value of dispersed alarm systems generated a considerable amount of literature in the eighties as technological advances and the consequently more realistic costs involved made possible a wider use of these systems. The government's proposed move towards community care also served to foster further interest. During the nineties far less literature has been generated and there has been more interest in two-way communications systems, but these are obviously expensive to operate and their use may only be feasible by large bodies, such as local authorities (see Philpot 1991). When community care becomes reality, a new wave of research may take place to investigate communications systems beyond the narrow objective of merely raising alarm. It is hoped the following literature gives a balanced view of the advantages and limitations of the variety of communications systems which are presently available.

73 AGE CONCERN ENGLAND, ANCHOR HOUSING TRUST, RESEARCH INSTITUTE FOR CONSUMER AFFAIRS (1987) *Calling for help: a guide to emergency alarm systems*, Bristol: Pheon Press, 64pp

Explains how alarm systems work, how to rent or buy one and the best way to use it afterwards.

74 (1992) Alarms for elderly people, *Which?*, October

A checklist and survey of alarm systems. Describes how personal alarms are becoming increasingly important within the community.

75 ANCHOR HOUSING TRUST (1984) *Dispersed alarm systems for the elderly: proposal for research*, Research Institute for Consumer Affairs, 98pp

A proposal for the evaluation of dispersed alarm systems, providing information about currently available systems and establishing criteria for their selection. Assesses what is required to establish an evaluation programme for maintaining an up to date source of information and advice.

76 ANCHOR HOUSING TRUST (1986) *Dispersed alarms: a guide for organisations installing systems*, Research Institute for Consumer Affairs, 20pp

Surveys the development of alarm services and identifies the users. Looks at alternatives to alarm systems and the advantages and shortcomings of both. Considers the clients' view. Dis-

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cusses how to plan and monitor a system and looks at costing. Provides test results of 19 brands of home units.

77 BAKER, S. and PARRY, M. (1984) Review of dispersed alarm systems, *Housing*, September, 25-31

Looks at the various types of central control systems available and evaluates their use. Concludes that new methods are of little benefit unless they are managed properly.

78 BALL, M. (1982) An alarm system for wandering patients, *Geriatric Medicine*, 12 (3) 96-101

Describes an alarm system which was successfully introduced in a geriatric day hospital.

79 BAXTER, H. (1985) Cause for alarm, *Local Government News*, 7 (4) 42-4

Considers the rapid development of alarm systems and the growing concern at the dependence placed on them.

80 BAZLINTON, C. (1984) We have the technology, *Voluntary Housing*, 17 (1) 25-9

Considers developments in alarm systems both for sheltered housing schemes and residents in their own homes.

81 BLACKBURN, P. (1988) Freedom to wander, *Nursing Times*, 84 (49) 54-5

Describes the use of an electronic monitoring device with elderly mentally infirm patients in hospital.

82 BRENNER, D. (1981) Community support, *Health and Social Service Journal*, 91 (4735) 322-4

Explains how the Southwark alarm scheme relies on existing community support rather than sophisticated technology.

83 BRITISH STANDARDS INSTITUTION (1986) *Social alarm systems: code of practice*, Milton Keynes: British Standards Institution (BS 6804), 12pp

Provides recommendations for social alarm systems.

84 BUTLER, A. (1982) Alarms that reassure, *Health and Social Service Journal*, 92 (4801) 734-6

Surveys the development of community alarms.

85 BUTLER, A. (1982) Researching the efficacy of alarm systems for the elderly, *Social Work Service*, 29, March, 53-6

Considers the impact of alarm systems in a sheltered housing setting and the possibility that the presence of an alarm system may actually cultivate dependence upon the warden, rather than fostering independence. From interviews with sheltered housing tenants concludes that many alarm calls made were not really for serious emergencies and in many cases there were a number of alternative courses of action available.

86 BUTLER, A. and OLDMAN, C. (1979) The ringing of false alarm bells, *Health and Social Service Journal*, 89 (4657) 1112-14

Reports on a four-year study on sheltered housing for older people funded by the Joseph Rowntree Memorial Trust and the National Corporation for the Care of Old People. Considers the technical and social problems of the use of alarm systems for older people and argues that although these systems are helpful they should not be regarded as a panacea.

87 BUTLER, A. and OLDMAN, C. (eds) (1981) *Alarm systems for the elderly: report of a workshop held at the University of Leeds, September 1980*, Leeds: University of Leeds, Department of Social Policy and Administration, 74pp

Considers various contributions on the use and efficacy of alarm systems in housing and in the community.

88 BUTLER, A. and OLDMAN, C. (1981) Critical view of alarm systems, *Voluntary Housing*, 13 (4) 13-15

Considers security and alarm systems in housing schemes and urges a closer partnership between local authorities and housing associations.

89 COCHRANE, G.M. (ed) and SOUTHGATE, T.N. (comp) (1990) *Communication: equipment for the disabled*, 7th edition, Oxford: ACE Centre and Nuffield Orthopaedic Centre, 234pp

Gives detailed information, with illustrations, of equipment connected with communications. Includes sections on door entry systems, alarms

and call systems, reading and writing equipment for those with impaired vision, and smoke alarms and doorbells for those with hearing loss.

90 CORP, M. (1983) Dispersed alarm systems: caring organisations and the selection of systems in a rapidly expanding market, *Housing Review*, 32 (6) 192

Explains the principles on which dispersed alarm systems work and describes the difficulties of people working with older or disabled people in the community in making valid judgements about the systems on offer. Concludes with a call for an independent investigation.

91 CRINE, A. (1983) A finger on the button, *Community Care*, 452, March, 24-6

Description of a 24-hour mobile emergency service in Scotland.

92 DAVIES, K.N. (1990) Emergency alarms, *British Medical Journal*, 300 (6741) 1713-15

Examines the types of alarm systems available to older and disabled people and discusses possible problems which may be encountered.

93 DAY, J.B. (1979) Rescue service for the elderly, *Housing*, 15 (8) 12-17

A description of a radio alarm system providing an SOS service for older people in Stockport.

94 DOWNES, S. (1988) The value of alarm systems and guidelines in their use, *Geriatric Medicine*, 18 (2) 71-7

Emphasises the need for better understanding in allocation of alarm systems and better user education and follow-up.

95 (1985) Emergency alarm for the elderly, *Municipal Journal*, 93 (50) 2025-6

Discusses personal emergency alarm devices.

96 EVANS, R.L. et al (1986) Cognitive telephone group therapy with physically disabled elderly persons, *Gerontologist*, 26 (1) 8-10

Describes a telephone counselling service in the United States.

97 FALL, A. et al for DORSET SOCIAL SERVICES DEPARTMENT (1977) Telephone provision under the Chronically Sick and Disabled Persons' Act 1970, *Clearing House for Local Authority Social Service Research*, 4, 1-8

A review of the telephone provision service in Dorset since the Chronically Sick and Disabled Persons' Act 1970.

98 FISK, M.J. (1984) Community alarm systems, a cause for concern, *Housing Review*, 33 (1) 22-3

Urges careful consideration of the objectives of introducing systems and offers some guidance based on an investigation by Glasgow District Council.

99 FISK, M.J. (1985) Home alarms reduce anxiety, *Social Work Today*, 16 (37) 24-6

Describes how community alarm systems can enhance the quality of life for older and handicapped people.

100 FISK, M.J. (ed) (1989) *Alarm systems and elderly people*, Glasgow: Planning Exchange, 143pp

Surveys the growth and development of alarm systems in sheltered housing and looks at the role of dispersed alarms in community care. Examines technical and practical issues in alarm system development and provides five case studies covering types of system and circumstances. Emphasises the need for further technological research. Aims to give guidance to agencies concerned with developing or upgrading alarm services for their clients.

101 FISK, M.J. (1990) *Dispersed alarm systems in the United Kingdom: a listing of central controls and appraisal of current issues*, Glasgow: Planning Exchange, 37pp

Lists public sector central control facilities and manufacturers' statements. Argues that as the biggest purchasers of social alarm equipment in the UK the onus is with local authorities and housing associations to ensure that manufacturers are not allowed to lead the market in a way that may be detrimental to the equipment user.

102 FITZPATRICK, J. (1979) *A pilot study to test the technical performance of an automatic emergency alarm system*, Loughborough: Institute for Consumer Ergonomics, 40pp + appendices

Report of a study which tested the overall reliability of a remote-controlled autodialling alarm system for older and disabled people.

103 FLINN, B. (1984) Guardians on call at the pull of a cord, *Health and Social Service Journal*, 4908, August, 924-5

Describes a two-way communications system via a telephone link established by Yeovil District Council Housing Department and the local WRVS.

104 GALER, M. and FEENEY, R.J. (1975) *An evaluation of an emergency call aid for elderly and disabled people: a report to the steering group on emergency call aids*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology, 107pp

An evaluation of a prototype radio alarm system used in sheltered housing.

105 GIBBONS, J. (1984) Live wires, *Social Work Today*, 15 (24) 14-15

Describes group work with disabled people using the telephone.

106 GORDON, D. (1985) 'Good morning, good morning', *Community Care*, 585, October, 20-1

Describes a checking call system for older people living alone. Concludes that the value of a daily exchange of 30 seconds of pleasantries between individuals is greater than an efficient but silent monitor.

107 HAMEL, F.C. (1976) Communications systems in council estates, *Housing Monthly*, 12 (5) 11-13

Emphasises the importance of a two-way call system to enable older people living in council estates the security of knowing they can rely on the encouragement and support of a sympathetic person.

108 HOLROYD, D. (1989) Tagging care, *Municipal Journal*, 97 (19) 22

Considers the wider future applications of electronic surveillance.

109 (1983) Home call: 24-hour contact with the elderly, *Municipal Journal*, 91 (38) 1465

Describes an alarm and intercom link for older or disabled people, commissioned by Langbaurgh Borough Council, and planned to cover up to 10,000 homes.

110 (1987) Housing for older people, *Voluntary Housing* 19 (5) 35-50

Emphasises the involvement of housing associations in providing options: for example, caring for home owners, the needs of ethnic older people, the role of wardens, alarm systems.

111 JOHNSON, D. (1984) When the warden appears at the touch of a button, *Health and Social Service Journal*, 4906, July, 854-5

A review of various emergency call systems and the designer's role in developing them.

112 JOHNSON, D. (1987) Community alarm systems, *Housing and Planning Review*, 42 (5) 8-9

Considers the contribution of community alarm systems and the use that older people actually make of them.

113 JOHNSON, D. (1988) Helping their independence, *Municipal Journal*, 96 (17) 850-62

Emphasises the positive aspects of alarm systems, arguing that they give older people freedom and save local authorities money in residential care.

114 LEWIS, R.J. (1979) Flying warden answers 80-year-old's Mayday call, *Modern Geriatrics*, 9 (3) 27-33

Gives details of Stockport's domiciliary service which provides increased support for older people in their own homes by the use of 'flying wardens' who answer distress calls. Describes the provision of radio alarm systems.

115 McGARRY, M. (1985) *Community alarm systems for older people*, 2nd edition, Edinburgh: Age Concern Scotland, 54pp

A report of a conference held by Age Concern Scotland which raised various issues for investigation before the widespread installation of community alarm systems: more research into the use made of alarms; more independent assessment of the reliability and practicality of alarms; a comparison of alarm systems with alternative methods of communication; the examination of any secondary effects on the lives of older users.

116 McINTOSH, I.B. (1988) MECS - a lifeline for frail elderly people at home, *Geriatric Medicine*, 18 (3) 87-91

Describes a Mobile Emergency Care Service (MECS) which has provided relief for carers and made possible earlier discharge from hospital.

117 METROPOLITAN BOROUGH OF STOCKPORT MANAGEMENT BOARD (1978) *Wardens and alarm systems for the elderly*, Stockport: Metropolitan Borough of Stockport, 13pp

Report of the Management Board to the social services and housing committees, reviewing the provision of wardens and alarm systems of sheltered housing in the Stockport borough.

118 NORTHERN CONSORTIUM OF HOUSING AUTHORITIES (1987) *Operating a community alarm system*, Chester le Street: Northern Consortium of Housing Authorities, 24pp

Examines the growth of dispersed alarm systems for older and handicapped people and their installation and operation by local authorities in the north of England. Considers how the service can best be developed to ensure a sense of security for users.

119 PELLOW, J. (1987) *Keeping watch: a study of caring for the elderly at home with the aid of electronics*, London: John Clare Books, 141pp

Describes the work of the Care Trust which monitors and cares for older people in Tower Hamlets, London.

120 PERRY, D.R. (1976) Communication systems for the elderly, *Housing Monthly*, 12 (5) 8-10

Describes a sheltered housing scheme with resident wardens and an intercom system where 'help is only "a count of 15 away"'.

121 PHILPOT, R. (1991) Keeping in touch, *Community Care*, 852, February, 20-1

Describes a two-way communications system set up by Leeds Council to offer a helpline for 6,000 older people. The control room is linked to council-run sheltered housing schemes, housing associations, non-residential council properties and private houses.

122 RESEARCH INSTITUTE FOR CONSUMER AFFAIRS for ANCHOR HOUSING TRUST (1985) *Emergency alarm systems for elderly and disabled people: summary of manufacturers' information*, London: Research Institute for Consumer Affairs, 80pp + questionnaire

A detailed listing of dispersed alarm systems which can be installed in homes of older people living in the community.

123 RESEARCH INSTITUTE FOR CONSUMER AFFAIRS for ANCHOR HOUSING TRUST (1986) *Dispersed alarms: a guide for organisations installing systems*, London: Research Institute for Consumer Affairs, 282pp + appendices

Looks at all aspects of installing dispersed alarms including managing the system and technical and legal requirements. Includes surveys of users and organisations who install systems.

124 RIGGE, M. (1982) *Hello, can I help you? the growth of telephone advice services*, London: Mutual Aid Press (Paper No 3), 28pp

Report of a seminar on telephone advice services held in London on 15 and 16 October, 1980. Includes as an appendix a directory of agencies.

125 TINKER, A. for DEPARTMENT OF ENVIRONMENT (1984) *Staying at home: helping elderly people*, London: HMSO, 191pp

Examines a variety of innovatory schemes devised by housing and social services departments to enable dependent people to remain in their own homes - communications systems, good neighbour/personal care schemes, etc.

126 TINKER, A. (1985) Alarm systems: implications for home-based care, *Voluntary Housing*, 17 (3) 16-17

Maintains that the role of alarms is as part of an overall package of care. Emphasises the importance of 24-hour coverage for answering the alarm.

127 TINKER, A. (1985) The implications of staying at home, *Voluntary Housing*, 17 (10) 23-4

Discusses the implications of the report *Staying at home: helping elderly people* (1984) for housing associations.

128 TINKER, A. (1989) *The telecommunications needs of disabled and elderly people: an exploratory study*, London: OFTEL, 83pp

A report of an exploratory study of the special telecommunications needs of disabled and older people. Reveals consensus among those consulted that their needs were not being met. Concludes that the ordinary fixed location telephone is unlikely to meet the main need for emergencies and recommends special equipment for those with special needs. Emphasises the need to disseminate more information on costs and concessions and for more research into innovative equipment.

129 TINKER, A. (1991) Alarms and telephones in personal response: research from the United Kingdom, *International Journal of Technology and Aging*, 4 (1) 21-5

Gives a brief resumé of the history and background of alarms and outlines possible benefits and problems connected with their use. Emphasises the importance of providing alarms as part of a whole package of community care.

130 (1985) When it's a case of taking calls to Newcastle, *Municipal Journal*, 93 (34) 1408-9

Describes a central-control warden call and alarm system in Newcastle-upon-Tyne.

FALLS

Falls, whether due to an underlying medical disorder or to a hazard in the environment, represent a major risk for older people, not only because of immediate injuries sustained but because of possible implications for future mobility and independence. A steady flow of literature appears to have been generated over the last decade, much of it from specific studies, and is concerned with the causes and consequences of both extrinsic and intrinsic falls.

131 ABRAMS, M. (1985) Falls in the home, *New Age*, 28, Winter, 22

Provides facts and figures about falls in the home and recommends preventive measures in connection with electric wires, lighting, rugs, grab bars and spectacles.

132 ADAMS, S. et al (1991) *Falls and elderly people: a study of current professional practice in England and innovations abroad*, London: Age Concern Institute of Gerontology, King's College London, 55pp

Outlines current practice in England both in accident and emergency departments and in departments of geriatric medicine. Considers innovations in clinical practice and makes recommendations for referral, assessment, treatment, rehabilitation and prevention.

133 ASHLEY, M.J. et al (1977) A longitudinal study of falls in an elderly population: some circumstances of falling, *Age and Ageing*, 6 (4) 211-20

A five-year study of residents of an old people's home which revealed that falls occurred as frequently at night as during the day with no significant variations by day of the week or season. Subsequent morbidity was shown to be related to the place where the fall occurred.

134 ASKHAM, J. et al for CONSUMER SAFETY UNIT, DEPARTMENT OF TRADE AND INDUSTRY (1990) *Home and leisure accident research: a review of research of falls among elderly people*, London: Age Concern Institute of Gerontology, King's College London, 83pp

Reviews research undertaken on falls suffered by older people, concerned with the basic characteristics of older people who fall, medical risk factors, medication and alcohol as risk factors, housing and other environmental risk factors, social and psychological risk factors, consequences and costs of falling, treatment following a fall, and prevention. Makes recommendations for policy and practice.

135 BELFIELD, P.W. et al (1987) Deliberate falls in the elderly, *Age and Ageing*, 16 (2) 123-4

Reports two cases of deliberate falls in hospitalised patients who exhibited no initial sign of cognitive impairment. Demonstrates the possibility of multiple falls as a form of self-destruction in response to feelings of frustration engendered by disability.

136 BLAKE, A.J. et al (1988) Falls by elderly people at home: prevalence and associated factors, *Age and Ageing*, 17 (6) 365-72

Describes a study which investigated the causes of falls amongst a group of people aged 65 and over. Degree of handgrip strength in the domi-

nant hand and reported symptoms of arthritis, giddiness and foot difficulties were influential factors in predicting reports of recent falls.

137 BRISLEN, W. et al (1981) Risk comes before a fall, *Nursing Mirror*, September, 28-9

A study of older people who fell at home.

138 CAMPBELL, A.J. et al (1981) Falls in old age: a study of frequency and related clinical factors, *Age and Ageing*, 10 (4) 264-70

A study of pattern falls and occasional falls amongst a sample of older people aged 65 years and over which analysed the association of physical and social variables. Results showed that women experiencing pattern falls tended to have poorer vision, while men had lower systolic blood pressure. Functional disability was shown to be the principal effective predictor of pattern falls.

139 CAMPBELL, A.J. et al (1988) Falls, elderly women and the cold, *Gerontology*, 34 (4) 205-8

Describes a study of falls suffered by older people aged 70 plus in New Zealand. An increase was observed in the rate of falling among women during the winter months but not in men. Discusses measures to decrease this seasonal increase in the rate of falls, including dietary supplementation.

140 CAMPBELL, A.J. et al (1990) Circumstances and consequences of falls experienced by a community population of 70 years and over during a prospective study, *Age and Ageing*, 19 (2) 136-41

Takes a sample of those aged 70 years and over from general practice records of a rural township. Each subject was assessed and followed for one year to investigate the circumstances and consequences of falls and to determine the factors which are important in causing falls.

141 CUMMINGS, S.R. et al (1988) Forgetting falls: the limited accuracy of recall of falls in the elderly, *Journal of the American Geriatrics Society*, 36 (7) 613-16

Reports on a study of ambulatory men and women over the age of 60 established to determine how accurately older people recall recent falls. Concludes that older subjects often do not recall falls that occurred during specific periods of time over the preceding three to twelve months. Recommends that researchers and clinicians should consider using methods besides long-term recall for ascertaining and counting falls over specific periods of time.

142 DeVITO, C.A. et al (1988) Fall injuries among the elderly: community based surveillance, *Journal of the American Geriatrics Society*, 36 (11) 1029-35

Describes a community-based surveillance system in Miami Beach, Florida, established as part of a study to assess falls among older people. Aims both to clarify the causes of falls in older people and to identify and evaluate appropriate preventive efforts.

143 GERSON, L.W. et al (1989) Risk of imbalance in elderly people with impaired hearing or vision, *Age and Ageing*, 18 (1) 31-4

A report of an evaluation of the effect of impaired hearing and vision on balance in a sample of older people living in the community. Concludes that impaired vision and hearing are important risk factors for imbalance and perhaps falls and injury.

144 GIBSON, M.J. et al (1987) The prevention of falls in later life: a report of the Kellog International Work Group on the prevention of falls by the elderly, *Danish Medical Bulletin*, 34 (special supplement series no 4)

Emphasises that falls are not part of the normal ageing process but are due to underlying physical illnesses, medications and environmental hazards, often in interaction. Stresses the importance of rehabilitation to promote the early restoration of balance and mobility.

145 GODINA, E. (1981) Make or break, *Nursing Mirror*, September, 32-4

Explains why prolonged immobilisation after a fall should be avoided.

146 GRYFE, C.I. et al (1977) A longitudinal study of falls in an elderly population, *Age and Ageing*, 6 (4) 201-10

A five-year study of residents of a home for older people.

147 HOWELL, T.H. (1982) Old folk's falls, *Geriatric Medicine*, 12 (11) 61-3

Deals with extrinsic and intrinsic causes of falls and how best to recognise these.

148 LIVESLEY, B. (1984) Falls in older age, *British Medical Journal*, 289, September, 7

A brief discussion on falls with particular reference to the effect of age on the control of body 'sway'.

149 LUCHT, U. (1974) *Prospective study of accidental falls and resulting injuries in the home among elderly people*, Denmark: Acta Sociomed, 7pp

Argues that many older people tend to ignore the limitations of age and expose themselves to risk by performing tasks for which they are not suited. In addition to the possible presence of disease, the study emphasises the importance of the physical environment in relation to accidents.

150 McMURDO, M.E.T. and GASKELL, A. (1991) Dark adaptation and falls in the elderly, *Gerontology*, 37 (4) 221-4

Describes a study which examined dark adaptation amongst female patients in a geriatric assessment ward who were classified as 'fallers' or 'non-fallers'. Results indicated reduced retinal sensitivity and thus impaired dark adaptation in the falling group. Advocates the provision of night lights in the homes of recurrent fallers.

151 MITCHELL, R.G. (1984) Falls in the elderly, *Nursing Times*, 80 (2) 51-3

Considers the causes, effects and prevention of falls.

152 MORRIS, J.C. et al (1987) Senile dementia of the Alzheimer's type: an important risk factor for serious falls, *Journal of Gerontology*, 42 (4) 412-17

Reports on a longitudinal study of senile dementia and healthy ageing in which the occurrence of serious falls was examined in participants with senile dementia of the Alzheimer's type. The study found that higher frequency of falls in demented participants was not solely explained by greater neurological deficit nor by increased drug use. Concludes that while senile dementia of the Alzheimer's type is an important risk factor for serious falls, these increase with loss of independence and institutionalisation.

153 MORSE, J.M. et al (1987) Characteristics of the fall-prone patient, *The Gerontologist*, 27 (4) 516-22

Reports on a study of patients hospitalised after a fall as compared with randomly selected patients who had not fallen. Identifies three types of falls: physiological anticipated, physiological unanticipated and accidental. Suggests appropriate preventive strategies for each type of fall.

154 MURPHY, J. and ISAACS, B. (1982) The post-fall syndrome: a study of 36 elderly patients, *Gerontology*, 28 (4) 265-70

Describes a study of patients aged 65 and over who were monitored for four months after being admitted to hospital following a fall. Concludes that the nature and significance of the post-fall syndrome remains unclear, being neither solely a pre-death syndrome nor solely a manifestation of anxiety.

155 NAGATE, H. (1991) Analysis of fatal falls on the same level or on stairs/steps, *Safety Science*, 14 (3) 213-22

Argues that as the numbers of older people employed in industry in Japan is increasing, it is estimated that the number of occupational falls will also increase. An examination of death certificates over a two-year period revealed that deaths following a fall of people aged 65 plus were more likely to be due to fracture of the femur or neck of the femur, while deaths of younger people from falls were more likely to be as a result of head injuries.

156 OVERSTALL, P.W. (1992) Falls, *Reviews in Clinical Gerontology*, 2 (1) 31-8

Outlines epidemiology, risk factors, pathophysiology of falls and the clinical features of fallers. Concludes that older people lose their balance no more frequently than younger people but are less able to correct the imbalance. Asserts that rehabilitation can be remarkably effective in some patients who have lost balance.

157 OVERSTALL, P.W. et al (1977) Falls in the elderly related to postural imbalance, *British Medical Journal*, 6056, January, 261-4

Report of a study in which older people, aged between 60 and 96 years, were questioned about their falls. Their sway was measured and compared with younger subjects. It was noted that sway increased with age and was higher in women at all ages. Concludes that there is a physiological decline in postural control as people age and also a decline due to disease of the central nervous system.

158 POYNER, B. (1986) *Home and leisure accident research: accidents to the elderly*, London: Consumer Safety Unit, Department of Trade and Industry, 39pp

Considers gender differences in accident rates, the seriousness of home accidents to older people, the presence of personal/medical factors, falls moving about on the level, and falls while climbing to reach up. Concludes that falls constitute the greatest risk to older people and for the most part safety problems for people aged over 65 years are little different from the rest of the adult population.

159 PRUDHAM, D. and GRIMLEY EVANS, J. (1981) Factors associated with falls in the elderly, *Age and Ageing*, 10 (3) 141-6

Reports on a survey of respondents aged 65 and over, who were asked about falls in the preceding 12 months. A comparison is made between those who reported falls and those who said they had not fallen. A history of double vision, greater contact with general practitioners, greater use of tranquillizers and the use of diuretics are all identified as being commonly present among fallers.

160 RODERICK, C. (1984) *Analysis of accidents involving walking aids*, London: Safety Research Section, Consumer Safety Unit, Department of Trade and Industry

Provides a useful analysis of accidents which may occur as a result of using walking aids.

161 RUBENSTEIN, L.Z. et al (1988) Falls and instability in the elderly, *Journal of the American Geriatrics Society*, 36 (3) 266-78

Provides case studies of two older persons with complex, but fairly typical, fall problems. This is followed by discussion of the epidemiology and common etiologies of falls, recommended diagnostic evaluations for patients following a fall, and detailed discussion of gait instability, muscle weakness and environmental hazards.

162 SIM, J. (1984) Problems of instability in old age, *Journal of the Royal Society of Health*, 104 (4) 144-6

Argues that falls among older people are of major significance, both as a cause of morbidity and as an indicator of latent disease.

163 SPEECHLEY, M. and TINETTI, M. (1991) Falls and injuries in frail and vigorous community elderly persons, *Journal of the American Geriatrics Society*, 39 (1) 46-52

Argues that identification of different types of falls and fallers among older persons might aid in the targeting of preventive efforts. From a study of older subjects in the community concludes that fall-related injuries can be a serious health problem for vigorous as well as frail older persons, and injury prevention should be directed at all older persons but tailored to expected differences in fall circumstances.

164 TIDEIKSAAR, R. (1984) *Falling in old age: its prevention and treatment*, New York: Springer, 196pp

Discusses normal ageing changes and the risk of falling, medical causes of falling, the assessment and correction of environmental hazards and psychosocial aspects of falls. Provides a guide to assessing and documenting fall episodes and outlines research imperatives.

165 TIDEIKSAAR, R. and KAY, A.D. (1987) Explaining falls: a logical procedure, *Geriatric Medicine*, 17 (8) 25-30

Questions whether falls in older people may signal impending major illness. Emphasises the importance of preventing falls in the first instance in order to avoid loss of confidence and self-imposed immobility. Lists age-related conditions which increase the likelihood of intrinsic falls and environmental watchpoints for extrinsic falls.

166 TINETTI, M.E. et al (1990) Falls efficacy as a measure of fear of falling, *The Journals of Gerontology*, 45 (6) P239-43

Describes the Falls Efficacy Scale (FES), a means to measure fear of falling, the reliability and validity of which were assessed in two samples of older persons living in the community. Concludes that the FES may be useful in assessing the independent contribution of fear of falling to functional decline among older people.

167 TINKER, A. et al (1991) Falls to elderly people, housing and other environmental risk factors, *Housing Review*, 40 (3) 70-1, 73

Looks at the effects of housing conditions on falls of older people.

168 VETTER, N. (1992) Can health visitors prevent fractures in elderly people?, *British Medical Journal*, 304 (6831) 888-90

A project in which a health visitor was assigned for a four-year period to a group of people aged 70 plus to educate them in healthier and safer living. The project revealed that this intervention had no significant impact on the incidence of fractures.

169 VISSER, H. (1983) Gait and balance in senile dementia of Alzheimer's type, *Age and Ageing*, 12 (4) 296-301

Explains how the findings of a study in gait and balance may help to explain the increased incidence of falls in patients with brain failure.

170 WALSH, J.B. (1989) To trip, to slip, perchance to tumble, *Irish Medicine Journal*, 82 (2) 52-3

Argues that drug therapy is a major risk factor in repeated falls. Suggests that patients would benefit from a comprehensive medical assessment and intensive physiotherapy to regain confidence and mobility after a fall.

171 WICKHAM, C. et al (1989) Muscle strength, activity, housing and the risk of falls in elderly people, *Age and Ageing*, 18 (1) 47-51

Gives the results of a national survey in Britain in which older people were asked about falls they had had. More of those who had fallen used non-phenothiazine tranquillizers, lived alone, had recently lost weight or were physically disabled. In addition to these influences, it was found that falls were frequently related to place of residence, lack of indoor toilet facilities being a particularly important factor. Concludes that reduced muscle strength is also strongly associated with falling and emphasises the importance of exercise for older people.

172 WILD, D. et al (1980) Characteristics of old people who fall at home, *Journal of Clinical and Experimental Gerontology*, 2 (4) 271-87

Research shows that falls are not a normal feature of ageing but usually the result of ill health.

173 WILD, D. et al (1981) Description, classification and prevention of falls in old people at home, *Rheumatology and Rehabilitation*, 20, 153-9

Report of a survey giving detailed histories of 125 older people who fell at home.

174 WILD, D. et al (1981) Facts on falling, *Health and Social Service Journal*, 91 (3) 1413-15

A study of home backgrounds and circumstances which increase the risks of falling.

175 WILD, D. et al (1981) How dangerous are falls in old people at home?, *British Medical Journal*, 282 (6260) 266-8

A survey which shows that falls at home in old age are often indicative of the presence of severe ill health.

176 WILLIAMSON, J. et al (1990) *Falls - whose concern? Five medical perspectives*, Edinburgh: Age Concern Scotland, 48pp

Five perspectives coming from the areas of geriatric medicine, orthopaedic surgery, emergency medicine, general practice and psychiatry.

177 WOODHOUSE, P.R. et al (1983) Falls and disability in old people's homes, *Journal of Clinical and Experimental Gerontology*, 5 (4) 309-21

A survey of the frequency of falls and factors associated with them in five local authority homes in Southampton.

178 WORLD HEALTH ORGANISATION (1985) *WHO/ICSG seminar on the epidemiology of falls in the elderly: summary report*, Geneva: World Health Organisation, 3pp

Emphasises the need to dedramatise the perception of risk experienced by older people after sustaining falls, since these may result in chronic anxiety, self-limitation, loss of self-image, and isolation. Stresses the need for research into the effects of medication with regard to falls and the need to formulate policies based on an ergonomically designed environment.

FIRE

Fire is one of the most frightening hazards that people of any age are likely to encounter. For older people, who may be less able to move briskly and whose lungs are likely to be more rapidly affected by fumes, it is even more terrifying. Inevitably fire poses a serious threat in residential homes and many publications are concerned with fire prevention measures and containing the outbreak of fires within institutional settings. Much of the available literature dates from the seventies but has been included here

because it has never adequately been replaced; other publications from that period have been listed because they provide a useful account of the origin and progress of notorious fire disasters.

179 BREARLEY, P. and COOK, K. (1984) Fire! the issue of balance, *Care Concern*, September/October, 24-6

A review of the 1983 Home Office Fire Department draft guide to fire precautions in existing residential care premises, which attempts to balance safety and freedom.

180 BURNS, F. (1977) Fireproofing flats for the elderly converted from historic houses, *The Architect*, 7, July, 24-5

Discusses the problem of fire prevention and architectural preservation of historic houses used by a housing association for older people.

181 CHANDLER, S.E. (1971) *Fires in hospitals*, London: HMSO, 13pp

Discusses when and where fires occur, sources of ignition, methods of extinction, rescues, escapes and casualties.

182 CHANDLER, S.E. (1976) *Fire in residential personal social services buildings*, Borehamwood: Borehamwood Building Research Establishment, 11pp

Provides an analysis of fires from 1967-73. Concludes that older people are most at risk, but the report does show that older people are safer from fire in residential homes than in ordinary dwellings.

183 CROFTON, E.C. et al (1977) Smoking as a fire risk in Scottish hospitals: an ASH inquiry, *Health Bulletin*, 35 (1) 39-43

Includes proposals to reduce risks.

184 DAVIES, C. (1980) Seven minutes to flashover, *Health and Social Service Journal*, 90 (4717) 1418-21

Concerns fire safety in hospitals.

185 DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1975) *Report of the Committee of Inquiry into the fire at Fairfield Home, Edwalton, Notts on 15th December 1974*, London: HMSO, 61pp + photographs

An inquiry into a fire which resulted in the deaths of 18 residents. Discusses the cause and spread of the fire, the provision of fire precautions in the buildings, the means of escape, alarm systems, fire-fighting equipment and the structure of the buildings.

186 DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1975) *Report of the Committee of Inquiry into the fire at Fairfield Home, Edwalton, Notts on 15th December 1974*, London: Department of Health and Social Security (Circular LASSL(75)17), 7pp

Outlines the causes of the fire and comments on the running of the home with special reference to night staffing, the structure of the building and the apparatus available to deal with an outbreak of fire.

187 DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1975) *Maintenance of fire alarm systems*, London: Department of Health and Social Security (Circular LASSL(75)22), single sheet

Refers to maintenance frequencies set down in the British Standard Code of Practice and advises consultation with manufacturers on ionising-type smoke detectors before dismantling these.

188 DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1977) *Fire precautions in existing residential homes*, London: Department of Health and Social Security (Circular LAC(77)6), 3pp + appendices

Guidance to homes on what fire precautions should be taken.

189 DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1977) *Fire prevention guide: safe use and storage of liquified petroleum gas in residential premises*, London: Department of Health and Social Security (Circular LASSL(77)3), single sheet

Draws attention to a code of guidance produced by the Home Office.

190 DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1979) *Automatic fire detection in non-domestic residential premises*, London: Department of Health and Social Security (Circular LASSL(79)7), 7pp

Draws attention to the attached copy of a letter sent by the Home Office to Chief Fire Officers giving advice on the use of fire detectors in residential premises, including homes for older people.

191 DEPARTMENT OF HEALTH AND SOCIAL SECURITY, SUPPLY DIVISION (1976) *Fire risks associated with furniture, furnishings and textiles*, London: Department of Health and Social Security (Circular HN(76)80), 10pp

Considers the fire risks of solid timber furniture, upholstered chairs, bedding, curtain fabrics, carpets and clothing.

192 DEPARTMENT OF HEALTH AND SOCIAL SECURITY and WELSH OFFICE (1982) *Fire safety in health care premises: fire alarm and detection systems*, London: HMSO (HTM 87), 53pp

Provides guidelines on general design considerations, communication links with the fire brigade, alarms, trigger devices, control and indicating equipment, installation and commissioning, testing and routine maintenance.

193 DEPARTMENT OF HEALTH AND SOCIAL SECURITY and WELSH OFFICE (1982) *Fire safety in health care premises: general fire precautions*, London: HMSO (HTM 83), 26pp

Provides guidelines on fire precautions, policies, staffing and training, fire prevention, responding to a fire, use and storage of flammable substances, and fire hazards of various hospital departments with appropriate precautionary measures.

194 DEPARTMENT OF HEALTH AND SOCIAL SECURITY and WELSH OFFICE (1983) *Fire safety in health care premises: furniture, furnishings, bed assemblies, apparel*, London: HMSO (HTM 87), 35pp

Directed primarily at the risk of fire in hospitals but also applies to voluntary organisations that provide residential care.

195 DEPARTMENT OF HEALTH AND SOCIAL SECURITY and WELSH OFFICE (1987) *Firecode: fire precautions in new hospitals*, London: HMSO (HTM 81)

Sets down general principles and recommendations for guidance in the layout, design and construction of new non-nucleus hospitals and new hospital extensions to ensure effective means of escape for the occupants in the event of a fire.

196 DORSET COUNTY COUNCIL (1978) *Fire precautions in residential and day care premises: report of project council panel*, Dorchester: Dorset County Council, 82pp + appendices

Attempts to identify and assess the principal component factors to be considered in fire precaution schemes.

197 FINCH, R. (1985) Fire: keeping the risk under control, *Care Concern*, November/December, 24-5

Gives practical advice in designing and running residential homes and balancing fire risks and residents' rights.

198 (1971) *Fire Precautions Act 1971*, chapter 40, London: HMSO, 52pp

Contains sections on fire certificates, premises for which fire certificates are required, premises involving excessive risk to persons in case of fire, building and other regulations about fire precautions, consultation between fire and other authorities, enforcement, offences, penalties and legal proceedings, and amendments of other Acts.

199 FIRE PROTECTION ASSOCIATION (1976) *Lessons from the Fairfield disaster*, The Fire Protection Association, 8pp + photographs

A summary of the report of the Committee of Inquiry into the fire at Fairfield Home.

200 FRY, L. (1977) Aftermath, *Health and Social Service Journal*, January, 48-9

Considers the implications of the fire at Wensley Lodge Old People's Home. Calls for regular contact between residential homes and the local fire prevention officer.

201 HELP THE AGED and SURREY FIRE AND RESCUE SERVICE (1991) *Fire: a Help the Aged advice leaflet on fire prevention in your home*, London: Help the Aged, 6pp

Highlights the most probable potential fire risks and gives advice on ensuring a safe home.

202 HOME OFFICE (1982) *Draft guide to fire precautions in residential care premises*, London: Home Office, 27pp

Sets out basic standards for means of escape in cases of fire and related fire precautions in residential care premises.

203 HOME OFFICE and SCOTTISH HOME AND HEALTH DEPARTMENT (1983) *Draft guide to fire precautions in existing residential care premises*, London: Home Office, 22pp

Sets out basic standards for means of escape in case of fire and related fire precautions in existing residential care premises.

204 HOME OFFICE and SCOTTISH HOME AND HEALTH DEPARTMENT (1983) *Draft guide to fire precautions in hospitals*, London: Home Office, 23pp

Sets out basic standards for means of escape in case of fire and related fire precautions in hospitals which are already in use.

205 HOME OFFICE and SCOTTISH HOME AND HEALTH DEPARTMENT (1985) *A review of the Fire Precautions Act 1971: a consultative document*, London: Home Office, 35pp

Proposes a major revision of the Fire Precautions Act 1971 to a new system of self-certification.

206 HOME OFFICE and SCOTTISH OFFICE (1986) *Fire safety and safety at sports venues*, London: Home Office, 45pp

Consultative document on changes to the Fire Precautions Act 1971 and improved safety at sports venues.

207 HOPKINSON, J. and WILLIAMS, A. (1984) Foreground to a fire, *Health and Social Service Journal*, 94 (4878) 12-14

The circumstances surrounding a fire in a privately owned nursing home.

208 HUMBERSIDE COUNTY COUNCIL (1977) *Report of the Committee of Inquiry into the fire at Wensley Lodge, Hessle on January 5th, 1977*, Beverley: Humberside County Council, 92pp + photographs and floor plans

Report to Humberside County Council.

209 MORRIS, P. (1977) The great fire confusion, *Community Care*, 146, January, 10-11

Depicts the government interdepartmental struggle over fire regulations in old people's homes after the Wensley Lodge fire.

210 NATIONAL CORPORATION FOR THE CARE OF OLD PEOPLE (1976) *Fire precautions in old people's homes*, London: National Corporation for the Care of Old People (Homes Advice Broadsheet No 1), 8pp

Gives the legislative background and discusses practical problems for consultation with fire prevention officers.

211 SCOTTISH EDUCATION GROUP (1979) *Precautions against fire in homes for the elderly*, Edinburgh: Social Work Services Group (Social Work Building Note 5), 29pp

Describes the early stages of fire, the horizontal spread of fire, the vertical spread of fire, planning and structural recommendations, assistance to the fire service and alarm systems. Provides a useful checklist of advice for occupants.

212 SEABRIGHT, D. (1979) *Fire and care: an enquiry into fire precautions in residential homes*, London: Personal Social Services Council, 64pp

Considers how a balance may be set between ensuring protection against the risks of fire and providing an environment in which residents may take risks, should they wish to do so. Aims to identify some of the problems that exist regarding fire precautions and to suggest how these problems may be overcome. Draws on instances of good practice.

213 SEABRIGHT, D. (1980) 'You don't see the bodies', *New Age*, 10, Spring, 22-4

Explains why comprehensive guidance and further information about the law is necessary before assessing the needs for fire precautions in residential homes.

214 SMITH, A. (1981) When the fire bell rings, *Health and Social Service Journal*, 91 (4773) 1486-7

Contributes to the debate on the improvement of fire regulations in hospitals and social services residential premises.

215 TAYLOR, J. and COOKE, G. (eds) (1978) *The Fire Precautions Act in practice*, London: The Architectural Press, 78pp

Gives practical guidance on the legislation, with particular reference to hotels and other residential accommodation.

FOOD AND DRINK

The ageing process necessitates some changes of emphasis in nutritional needs and older people need to remember that they will probably require more liquid than they did when younger, while alcohol has a greater effect on the ageing liver and kidneys and is not expelled from the body so quickly. In addition to publications dealing with appropriate nutrition and the effects of alcohol, the literature in this section includes surveys of equipment to ensure the safe preparation of food, as reduced manual dexterity may pose risks for some older people.

216 ADAMS, W.L. et al (1990) Alcohol intake in the healthy elderly: changes with age in a cross-sectional and longitudinal study, *Journal of the American Geriatrics Society*, 38 (3) 211-16

Describes a study which analysed the use of alcohol in a group of healthy older persons between 1980 and 1987. Longitudinal analysis showed a statistically significant decline in the percentage of subjects consuming any alcohol over time and a cross-sectional analysis of the 1980 data revealed a similar decline with increasing age in the percentage of drinkers. Concludes that the decrease represents an age-related decline rather than a cohort effect.

217 ALCOHOL CONCERN in association with AGE CONCERN ENGLAND (1988) *Alcohol and older people: safer drinking for the over sixties: a DIY guide for older people*, London: Alcohol Concern in association with Age Concern England, 7pp

Gives straightforward advice on safe drinking limits and lists the particular problems which alcohol consumption poses for older people.

218 ALCOHOL CONCERN in association with AGE CONCERN ENGLAND (1988) *Alcohol and older people: safer drinking for the over sixties: a guide for family, relatives and friends*, London: Alcohol Concern in association with Age Concern England, 7pp

Outlines the risks of drinking for older people and gives advice on what may be considered as safe drinking limits.

219 ALCOHOL CONCERN in association with AGE CONCERN ENGLAND (1988) *Alcohol and older people: safer drinking for the over sixties: a guide for health and social services and voluntary group workers*, London: Alcohol Concern in association with Age Concern England, 7pp

Outlines the risks of drinking for older people, with a special warning on reactions which may occur when alcohol is taken in conjunction with medication.

220 BRADSHAW, E. for LONDON HOSPITAL (1985) *Food preparation aids for rheumatoid arthritis patients: part 2A, kitchen knives, scissors*, Whitechapel, London: Department of Health Disability Equipment Assessment Programme, 44pp

A report on the safety advantages and disadvantages of various kitchen knives and scissors when tested by rheumatoid arthritis patients who were attending the London Hospital. All manufacturers were informed that their products were to be tested.

221 BRADSHAW, E. for LONDON HOSPITAL (1987) *Food preparation aids for rheumatoid arthritis patients: part 3, whisks, hand held blenders and electric mixers*, Whitechapel, London: Department of Health Disability Equipment Assessment Programme

Sixty participants were sent a questionnaire enquiry about the equipment they used and any problems they had experienced with it. The equipment they used is listed and evaluated.

222 CAIRD, F.I. (1978) Nutritional requirements of the elderly, *Nutrition Bulletin*, 4 (5) 314-22

A review of investigations into the nutritional needs of older people.

223 DAVIES, L. (1984) Healthy retirement, *Nursing Mirror*, 158 (5) 22-4

Argues that counselling on nutrition by medical and paramedical staff to men and women before they retire would encourage a healthy lifestyle.

224 DUNNE, F.J. and SCHIPPERHEIJN, J.A.M. (1989) Alcohol and the elderly: need for greater awareness, *British Medical Journal*, 298 (6689) 1660-1

Explains why the bodies of older people are more vulnerable to the effects of alcohol.

225 EXTON-SMITH, A.N. (1978) Nutritional deficiencies: check the at-risk groups, *Modern Geriatrics*, 8 (5) 65-7

Warns that a proportion of older people have low dietary intake, and indications are that a higher level would give greater resistance to disease.

226 GOODMAN, C. and WARD, M. (1988) Age and alcohol: a dangerous cocktail, *Community Care*, 730, September, 16-17

Outlines the reasons why drinking may become a problem, particularly in view of the fact that many older people are taking some form of long-term medication. Emphasises the importance of identifying excessive alcohol consumption and offering support where needed.

227 HOLMES, S. (1987) An acquired taste, *Nursing Times Community Outlook*, December, 16-17, 19

Emphasises the importance of a good diet and how this should incorporate the particular problems of ageing.

228 HUNTER, M. and SHAW, C. (1989) Nutrition and the elderly, *Nursing Standard*, 4 (2) 38-40

Considers the special dietary problems facing older people.

229 ILIFFE, S. et al (1991) Alcohol consumption by elderly people: a general practice survey, *Age and Ageing*, 20 (2) 120-3

Describes a study of patients from general practice registers in London, who were interviewed to assess alcohol consumption, cognitive impairment, depression and other factors. Concludes that only a minority of older people consume alcohol above the limit designated as safe for their sex and that alcohol consumption sufficient to cause increased numbers of falls or increased use of medical services was not widespread. Neither did there appear to be any association between alcohol and depression.

230 LANK, N.H. and VICKERY, C.E. (1987) Nutrition education for the elderly: concerns, needs and approaches, *Journal of Applied Gerontology*, 6 (3) 259-67

Argues that older people need meaningful nutrition information to help them cope with the ageing process and nutrition related problems. Emphasises the need for further research into a nutrition education programme relevant to the physiological and psychosocial changes faced by older people.

231 LANNEFELD KLINGER, J. (1979) *Mealtime manual for people with disabilities and the aging*, 2nd edition, New Jersey: Institute of Rehabilitative Medicine and Campbell Soup Company, 269pp

Grapples with the everyday problems of kitchen tasks and shows how these may be adapted to permit older and handicapped people to live active, self-sufficient lives. Contains illustrations of kitchen aids.

232 LONDON HOSPITAL (1982) *Food preparation aids for rheumatoid arthritis patients: screw top jars and bottle openers, can openers, vegetable peelers, stabilisers*, Whitechapel, London: Department of Health Disability Equipment Assessment Programme

An evaluation of equipment used by respondents attending the London Hospital during 1980 and 1981, funded by the Department of Health as part of their aids assessment programme.

233 LONDON HOSPITAL (1985) *Food preparation aids for rheumatoid arthritis patients: part 2B*, Whitechapel, London: Department of Health Disability Equipment Assessment Programme

An evaluation of food preparation aids used by respondents attending the London Hospital.

234 LONDON HOSPITAL (1988) *Assessment of cooking utensils for rheumatoid arthritis patients: saucepans, cooking baskets and steamers*, Whitechapel, London: Department of Health Disability Equipment Assessment Programme

An evaluation of a variety of appropriate cooking utensils used by respondents attending the London Hospital.

235 MISHARA, B.L. and KASTENBAUM, R. (1980) *Alcohol and old age*, New York and London: Grune and Stratton, 220pp

Considers the extent of alcohol use in old age, its physiological effects on older people, the definition of an alcohol problem among older people, the treatment of problem drinking, the effects of alcohol on health in old age, the possible benefits of alcohol use and the effects of wine on self-sufficient older people.

236 NORBURY, K. et al (1983) *Food for thought*, Warwick: Warwickshire County Council, Social Services Department, 7pp + appendices

A study of food and its relationship to good health.

237 ROBERTS, A. (1988) Alcohol and elderly people, *Nursing Times*, 84 (8) 49-52

Warns against excessive alcohol consumption amongst older people but maintains that moderate use of alcohol may, with care, be beneficial. Considers patterns of drinking in older people and why alcohol affects them particularly badly. Gives advice to carers.

238 SCOTT, R.B. and MITCHELL, M.C. (1988) Aging, alcohol and the liver, *Journal of the American Geriatrics Society*, 36 (3) 255-65

Considers the effects of alcohol on older people: its toxicity in the ageing liver, its interaction with drugs, and accidents which may result from decreased agility, with particularly serious repercussions for older people.

239 SCOTTISH COUNCIL ON ALCOHOL and AGE CONCERN SCOTLAND (1987) *Alcohol and older people: a leaflet prepared for those caring for older people*, Glasgow: Scottish Council on Alcohol, 8pp

Points out the possibility of a wrong diagnosis of confusion because of alcohol consumption, outlines why older people may increase their drinking, sets out sensible levels of drinking and details the particular effects of alcohol on older people.

240 SHIFFLETT, P.A. and McINTOSH, W.A. (1986-87) Food habits and future time: an exploratory study of age-appropriate food habits among the elderly, *International Journal of Aging and Human Development*, 24 (1) 1-17

Describes the results of an exploratory research project. The findings suggest that older people do make changes in their food habits.

HEALTH AND FITNESS

The maintenance of good health and fitness is an important factor in reducing risks in old age and older people should avoid the conclusion that ill-health is an inevitable concomitant of ageing. There is a general consensus in the following literature that while the continuation of some activities pursued in youth may not be possible, or even wise, the risks involved in sensible forms of activity far outweigh the risks accompanying inadequate exercise.

241 BASSEY, J. and HALL, M.R.P. (1985) Exercise for elderly people, *Update*, January, 51-8

Discusses the improvement in general health which has been made possible through taking regular exercise.

242 BLUMENTHAL, J. et al (1982) Psychological and physiological effects of physical conditioning on the elderly, *Journal of Psychosomatic Research*, 26 (5) 505-10

A study to assess the effects of regular aerobic exercise on a group of young-old (aged 65-69 years) and old-old (aged 70-85 years) volunteers.

243 COPPLE, P. (1982) EXTEND: from keeping fit to Karate, *New Age*, 17, Spring, 17-19

Offers solutions to the problems of worsening posture and balance, and increasing stiffness and sluggishness, by a special exercise training programme to music for older and disabled people.

244 FENTEM, P. (1981) Do you ever prescribe exercise?, *Geriatric Medicine*, 11 (8) 53-9

Argues that the harmful effects of inactivity are numerous and regular exercise is important for good health and maintaining independence.

245 FENTEM, P. (1985) Fitness and exercise, *New Age*, 29, Spring, 10-14

Explains how and why exercise is the only way to achieve joint flexibility, muscle strength and stamina.

246 GORE, I. (1973) *Age and vitality: commonsense ways of adding life to your years*, London: Allen and Unwin, 132pp

Considers ageing and longevity, the role of physical activity in physical well-being, misconceptions about physical activity in old age, and the importance of regarding life as a continuum.

247 HARRIS, R. and FRANKEL, L.J. (eds) (1977) *Guide to fitness after fifty*, New York: Plenum Press, 353pp

Considers perspectives on exercise and ageing, the evaluation and physiology of exercise, motivation and planning, practical exercise and relaxation programmes.

248 HICKEY, T. (1980) *Health and aging*, Belmont, California: Wadsworth, 192pp

Discusses myths and misconceptions about health and ageing, the relationship between health and ageing, health and ageing in a socio-psychological context and provision for long-term health care.

249 MACHEATH, J.A. (1984) *Activity, health and fitness in old age*, New York: Croom Helm, 179pp

Examines attitudes to activity and fitness, changing activity patterns of older people in recent years, and contemporary understanding of health and good physical condition.

250 MITCHELL, L. (1988) *The magic of movement: a tonic for older people*, Mitcham: Age Concern England, 96pp

A guide to exercise and healthy living, particularly for frail older people.

251 MUIR GRAY, J.A. (1983) The fitness gap, *Nursing Mirror*, 10 August, 22-3

Maintains that many health problems in older people arise from being unfit.

252 MUIR GRAY, J.A. (1986) Don't put it down to old age, *Self Health*, 10, March, 7-8

Argues that to keep healthy in old age, people should remain active both physically and mentally.

253 MUIR GRAY, J.A. (1988) Seven ways to prevent loss of fitness, *Geriatric Medicine*, 18 (2) 79-85

Explains how a family doctor is able to help older people maintain a high level of functional capacity by encouraging exercise and giving up smoking.

254 SARGEANT, A. and WYNN, S. (1980) Physical recreation for the elderly: a community health perspective, *Leisure Studies Association Quarterly*, 1 (4) 4-5

Emphasises the importance of encouraging older people to maintain or increase their activity levels, not only to improve their mental and physical quality of life, but also to reduce health and social services expenditure.

HYPOTHERMIA

In the UK climate, the possibility of becoming hypothermic is a regular seasonal risk for older people, particularly the very old and frail whose vulnerability to a fall in body temperature as a result of inadequate heating is frequently increased by multiple drug therapy, cold-related infection and failing homoeostasis. The literature selected is weighted fairly evenly in its concern with medical factors, environmental factors and management. Also included are publications which stress the importance of other cold-related risks. Additionally, adverse reaction to high temperatures can also be a problem and one article relating to this has been included.

255 (1986) *About hypothermia*, Haslemere, Surrey: Scriptographic Publications, 15pp

An illustrated booklet which explains succinctly what hypothermia is, when it is most likely to occur, what the symptoms are, what to do when it occurs and how to guard against it.

256 ALDERSON, M.R. (1985) Season and mortality, *Health Trends*, 17 (4) 87-96

Discusses the influence of the seasons on mortality.

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257 BENNETT, G.C.J. (1988) Hypothermia: management in hospital, *Journal of the Royal Society of Health*, 108 (5) 153-4

Divides hypothermic patients into four categories. Considers various management plans but expresses personal preference for slow, external rewarming despite the fact that this means prolonging physiological abnormality for many hours.

258 COLLINS, K.J. (1983) *Hypothermia: the facts*, Oxford: Oxford University Press, 136pp

Gives a perspective on the nature, diagnosis and management of hypothermia in older people.

259 COLLINS, K.J. (1986) Low indoor temperatures and morbidity in the elderly, *Age and Ageing*, 15 (4) 212-20

Argues that while older people prefer a temperature which is higher than that chosen by those who are younger and more active, and is consistent with their lower metabolic heat production, it is difficult to assess the importance of hypothermia in the deaths of older people because it is often uncertain whether it is a cause or effect of cold-related illness.

260 COLLINS, K.J. (1989) Hypothermia and seasonal mortality in the elderly, *Care of the Elderly*, 1 (6) 257-9

Argues that there is a high seasonal mortality in older people associated with cold weather even though deaths directly due to hypothermia are comparatively rare.

261 COLLINS, K.J. et al (1977) Accidental hypothermia and impaired temperature homoeostasis in the elderly, *British Medical Journal*, February, 353-6

Describes a longitudinal study of the age-related decline in thermo-regulatory capacity of older people. Concludes that people at risk of developing hypothermia also seem to have low resting peripheral blood flows, a non-constrictor pattern of vasomotor response to cold and a higher incidence of orthostatic hypotension.

262 COLLINS, K.J. et al (1981) Urban hypothermia: preferred temperature and thermal perception in old age, *British Medical Journal*, 282 (6259) 175-7

Describes a study of older men and young adults of similar body build and wearing equivalent clothing insulation. Finds that the older subjects prefer the same mean comfort temperature but manipulate ambient temperature much less precisely. Concludes that both physiological and behavioural changes contribute to the increased vulnerability of old people in cold conditions.

263 CURWEN, M. (1990-91) Excess winter mortality: a British phenomenon? *Health Trends*, 22 (4) 169-75

Considers why the rate of winter mortality is higher in Britain than in other countries, including Scandinavia. Points out that excess winter mortality occurs in all social classes, although hypothermia is more prevalent where there is social deprivation. Attributes much excess winter mortality to respiratory disease and influenza.

264 DAROWSKI, A. et al (1991) Hypothermia and infection in elderly patients admitted to hospital, *Age and Ageing*, 20 (2) 100-6

Describes a study in which data was gathered on the home conditions of older patients with hypothermia, the circumstances in which they had been found and their recent medical history. Clinical and laboratory examinations were performed to establish accurate diagnoses of underlying illnesses present at the time of arrival in hospital and patients were monitored until completion of the study.

265 DAWSON, J.A. (1987) A case-control study of accidental hypothermia in the elderly in relation to social support and social circumstances, *Community Medicine*, 9 (2) 141-5

Describes a study which demonstrates that unfavourable social circumstances are associated with hypothermia.

266 EMSLIE-SMITH, D. (1984) Domestic hypothermia in the elderly, *The Physician*, 3 (4) 143-5

Discusses the predisposing factors of hypothermia - the climatic, sociological, physiological and pharmacological factors. Gives advice on prevention and management.

267 GAUTAM, P.C. et al (1988) Hypothermia in the elderly: management in a purpose-built chamber, *Gerontology*, 34 (3) 145-50

Explains how a special hypothermia room facilitates management of hypothermic older patients.

268 GREEN, M. (1983) Harmful hypothermia, *Geriatric Medicine*, 13 (12) 855-8

Discusses the causes and management of hypothermia and advocates frequent visits to those at risk during bad weather and acute illness.

269 GREEN, M. (1987) Hypothermia: the chiller that may be missed? *Geriatric Medicine and Home Care*, 7 (12) 20-1

Maintains that although winter cold is the prime cause of hypothermia, other factors, such as drugs, should also be considered.

270 HARRIS, T. (1987) Money up the chimney, *Community Care*, 645, January, 16-17

Argues that to help prevent deaths from hypothermia, money should be spent on insulation rather than heating.

271 HELP THE AGED (1987) *Keep warm this winter*, London: Help the Aged (leaflet 876)

An advice leaflet on how to stay warm.

272 HILLMAN, H. (1987) The cold that kills, *Nursing Times*, 83 (4) 19-20

Considers how to detect hypothermia and explains a new technique for dealing with it.

273 HILLMAN, H. (1989) Hypothermia and old age, *The Practitioner*, 228 (1389) 285-8

Discusses the causes of hypothermia and appropriate resuscitative measures.

274 HOLMES, P. (1983) Soaring temperatures, *Nursing Times*, 79 (31) 11-12

Outlines the effects of high temperatures on older people.

275 JENKINS, G. (1987) Safely warm this winter - 1, *Geriatric Nursing and Home Care*, 7 (11) 9-10

The first of two articles on dressing adequately in the winter.

276 JENKINS, G. (1987) Safely warm this winter - 2, *Geriatric Nursing and Home Care*, 7 (12) 22-3

The second of two articles on dressing adequately in the winter.

277 KAFETZ, K. (1987) Hypothermia and elderly people, *The Practitioner*, 231 (1431) 864-7

Argues that hypothermia needs to be seen in the context of illness and associated functional problems among older people. Discusses the causes of hypothermia, prevention, management and the political ramifications.

278 KEATINGE, W. (1987) Winter mortality: warm housing offers cold comfort, *Geriatric Medicine*, 17 (12) 65-9

Argues that although many old people die in winter, cold houses are often not the cause since mortality in fully-heated sheltered housing increases in winter in the same proportion as in other older groups. Considers that going outside without appropriate clothing could be more dangerous.

279 KOHLER, M. (1989) A winter's tale, *Community Care*, 744, January, 22-3

Outlines the limited help available to older people to mitigate the effects of the cold.

280 LAURANCE, J. (1987) Frozen to death, *New Society*, 79 (1255) 18-20

Calls for government spending on heating and insulation improvements in homes to help reduce the risk of hypothermia.

281 LLOYD, E. (1987) *Dangerous cold: hypothermia and cold related illness in older people*, Edinburgh: Age Concern Scotland, 24pp

Gives information about hypothermia and recommendations on precautions.

282 LLOYD, E.L. (1990) Hypothesis: temperature recommendations for elderly people: are we wrong? *Age and Ageing*, 19 (4) 264-7

Argues that to prevent hypothermia, an adequate food intake is more important than environmental temperatures, and that improved fitness appears to result in improved tolerance to cold, thus reducing the risk of other cold-related illnesses.

283 McMANUS, L. (1989) *Hypothermia: the facts*, Mitcham: Age Concern England, 7pp

An Age Concern briefing which gives a definition of hypothermia, information on symptoms and treatment and statistics providing insight into the extent of the problem.

284 MONDAL, B. et al (1987) Keeping out the cold, *Nursing Times*, 83 (38) 54-5

Describes a monitoring scheme designed to assess vulnerability to hypothermia.

285 OTTY, C.J. and ROLAND, M.O. (1987) Hypothermia in the elderly: scope for prevention, *British Medical Journal*, 295 (6595) 419-20

Report of a study in which general practice patients over the age of 75, considered to be at risk, are visited early in winter to discuss how hypothermia might be prevented. Although some alterations were made in heating arrangements, some continued to live in an environment in which they were at risk of developing hypothermia.

286 ROBERTS, A. (1989) Hypothermia, *Nursing Times*, 85 (6) 59-62

An illustrated guide to the causes, clinical features, management and avoidance of hypothermia.

287 SADDINGTON, N. (1983) Winter of discontent?, *Nursing Times*, 79 (43) 10-11

Outlines who is at risk from hypothermia, predisposing factors, clinical features and treatment. Gives advice on prevention and diet.

288 SALVAGE, A. (1989) Cold homes: cold comfort, *Primary Health Care*, 7 (10) 10, 12-13

A report of a national study on hypothermia undertaken by the Age Concern Institute of Gerontology. Asserts the right of older people as citizens to adequate levels of income and housing in order to keep the risk of hypothermia at bay.

289 SALVAGE, A. (1991) *Elderly people in cold conditions: a bibliography*, London: Age Concern Institute of Gerontology, King's College London, 49pp

An annotated bibliography compiled from the literature review undertaken for a study of older people in cold conditions.

290 SHENNAN, V. (1985) How to recognise and prevent hypothermia, *New Age*, 32, Winter, 16-17

Argues that most deaths from hypothermia are avoidable if the signs are recognised and the causes understood. Outlines the signs that betray hypothermia and stresses the importance both of maintaining an even room temperature of at least 70 degrees Farenheit, and wearing warm, loose clothing made of natural fibres.

291 SLATER, D.N. (1988) Death from hypothermia: are current views on causative factors well founded? *British Medical Journal*, 296 (6637) 1643-4

Refers to the results of a retrospective study of computerised inquest records. Concludes that although there is a high annual mortality related to cold weather, deaths due to hypothermia are rare.

292 TAYLOR, G. (1982) Cold comfort, *Nursing Times*, 78 (5) 182

Takes a look at the statistics on hypothermia and argues that hypothermia does not occur in Sweden because of efficient insulation and heating in homes.

293 THOMPSON, J. (1989) The cold that kills, *Community Outlook*, November, 21, 23-5

Explains the causes of hypothermia and provides lists of the predisposing factors in older people and the signs and symptoms. Outlines what community health workers can do to help prevent unnecessary deaths from hypothermia.

294 VYDELINGUM, V. (1990) The elderly and hypothermia, *Journal of District Nursing*, January, 5-7

Provides a definition of hypothermia and explains how the role of the district nurse may be developed in educating the community to help prevent the incidence of hypothermia.

295 WICKS, M. (1978) *Old and cold: hypothermia and social policy*, London: Heineman, 208pp

Considers the policy implications of a national survey which investigated the incidence of hypothermia and considered the social, economic and environmental living conditions of older people.

296 WICKS, M. (1984) An action plan to save lives, *Glad*, January, 10-11

Puts forward the case for a new initiative to prevent more deaths from the cold amongst older people. Suggests an action plan relating to housing and insulation, social security benefits and advice and help.

297 YOUNG, P. (1983) Keeping warm in winter, *Geriatric Medicine*, 13 (12) 858-60

Provides advice on conserving warmth, better use of heating systems, saving heat, help with heating costs, other aids to keep warm and contacts.

MEDICATION

No medication is without risks, particularly if mistakes are made in administration of the required doseage, and for many older people this risk is frequently compounded by the need to take a variety of drugs each day. This is an issue taken up in some of the publications listed here. Most of the literature, however, is concerned with possible adverse reactions to drugs, particularly in cases of unfavourable drug interaction, and most writers call for a greater sensitivity in prescribing medication for older people. A general picture emerges of over-medication.

298 AGE CONCERN SCOTLAND (1985) *Drugs and older people: a cause for concern?* Edinburgh: Age Concern Scotland, 34pp

Papers from a conference on the problems involved with medication. Topics include: testing, use in different settings, and the consumer's perspective.

299 ARIE, T. (1980) Overdrugged old people, *Geriatric Medicine*, 10 (8) 24-5

Argues that over-medication may result in unwanted side effects, such as confusion.

300 ATKINSON, L. et al (1977) The difficulties of old people taking drugs, *Age and Ageing*, 6 (3) 144-50

The causes leading to faulty taking of prescribed drugs by older patients are identified and reviewed with suggestions for improvements.

301 BENSON, S. (1986) Chemist in the cupboard, *Community Care*, 606, April, 24-5

Describes safer routines for distributing medicine in residential homes.

302 BLAIR, P. (1985) *Know your medicines*, Mitcham: Age Concern England, 175pp

A guide to medicines for older people and those who help to care for them.

303 BROOK, P.M. et al (1982) Safe management of medicines in residential homes, *Pharmaceutical Journal*, 229 (6190) 198-201

Describes two systems of drug management implemented in residential homes.

304 COX, J. and O'MALLEY, K. (1986) Problems of drug treatment in the elderly, *Journal of the Royal Society of Health*, 106 (2) 46-8

Reveals that adverse drug reactions increase with increasing age. Calls for a better understanding of the differences in metabolism, elimination and sensitivity of drugs in older people, along with better communication with the individual patient.

305 CROME, P. (1980) Improving drug compliance, *Geriatric Medicine*, 10 (12) 20-4

Recommends that patients should be given more information and guidance about taking their medicines.

306 ELLIS, P. (1988) A four-pronged approach for weaning patients off tablets, *Geriatric Medicine*, 18 (7) 49-52

Maintains that between 10% and 30% of admissions to geriatric units are at least partly due to the tablets patients are taking. Emphasises the importance of regular drug review. Outlines four-pronged approach for weaning patients away from unnecessary medication.

307 HURD, P.D. and BLEVINS, J. (1984) Ageing and the colour of pills, *New England Journal of Medicine*, 310 (3) 202

Argues that a decline in visual acuity with age may lead to difficulty in discriminating between medications that are similar in appearance.

308 KNOX, J.D.E. (1980) Prescribed medicines in a residential home for the elderly, *Nursing Times*, 76 (44) 1934-6

Describes a system for minimising errors in the administration of drugs.

309 MATHIESON, A. (1986) Old people and drugs, *Nursing Times*, 82 (2) 22-5

Considers the problems involved in giving medication to older people.

310 MOORE, S.R. (1986) Adverse drug reactions in geriatric patients in the United States, *Journal of the Royal Society of Health*, 106 (5) 169-71

Warns that changes in mobility, mental clarity and bodily functions may occur with far greater effect in older people. Provides tabulated data of adverse drug reactions resulting from a joint project of the American Association of Retired Persons and the Food and Drug Administration.

311 PARISH, P. et al (1983) *The elderly and their use of medicines: a review*, London: King Edward's Hospital Fund for London (KF project paper no 40), 58pp

A review of published reports on the prescribing and use of drugs and factors contributing to their optimal use.

312 SHETTY, H.G.M. et al (1989) Drugs and the elderly: vital considerations, *Geriatric Medicine*, 19 (7) 63-6

Deals with general pharmacological principles of drug therapy in older people and gives guidelines for rational and safer prescribing habits.

313 SIDDIQUI, M.M. (1988) Project slashes patients' average tablet tally by 80%, *Geriatric Medicine*, 18 (7) 57-9

Describes a project where the drug therapy of older people was gradually pared down to bare essentials. After some initial misgivings it was found that patients were enjoying a better quality of life.

314 SKINNER, D.S. and HARPER, J.D. (1982) Drugs and the elderly: where do the problems lie? *Pharmacy International*, 3 (8) 257-63

Asserts that evidence indicates that older people are no more likely to make mistakes in using drugs than any other age group, but there needs to be closer monitoring of the types prescribed.

315 SMITHARD, D.J. (1982) Drug handling in old age, *Geriatric Medicine*, 12 (5) 85-6, 88

Emphasises that the prescribing of drugs must be handled carefully, reducing medication to a minimum.

316 TAGGART, H. McA. (1988) Do drugs affect the risk of hip fracture in elderly women?, *Journal of the American Geriatrics Society*, 36 (11) 1006-10

Describes a study in which the drugs prescribed for a group of older women with hip fractures were compared with those prescribed for a control group of women. Concludes that the patients with hip fracture were slightly more likely to be taking diuretics and less likely to be taking non-steroidal anti-inflammatory drugs but no differences were found with regard to other drugs.

317 WILLIAMSON, J. and CHOPIN, J.M. (1980) Adverse reactions to prescribed drugs in the elderly: a multicentre investigation, *Age and Ageing*, 9 (2) 73-80

Argues that greater care is needed in the prescribing and supervision of drugs.

MOBILITY

Older people who are immobile or poorly mobile are at risk from the consequences of possible falls if they wish to get about, yet face reduced muscle power, increased weight and decreased stimulation if they do not take this risk. Special equipment is needed to ensure maximum safety and the following publications consider a variety of footwear, walking aids, lifts and wheelchairs to enable older people to improve their quality of life and live as independently as possible.

318 COCHRANE, G.M. and WILSHERE, E.R. (eds), WILSHERE, E.R. (comp) (1987) *Outdoor transport: equipment for the disabled*, 6th edition, Oxford: Nuffield Orthopaedic Centre, 102pp

Gives detailed information, with illustrations, on a wide variety of available equipment to help disabled and older people get around in safety.

319 COCHRANE, G.M. and WILSHERE, E.R. (eds), WILSHERE, E.R. (comp) (1988) *Equipment for the disabled: wheelchairs*, 6th edition, Oxford: Nuffield Orthopaedic Centre, 150pp

Gives information on a wide variety of available wheelchairs for the safe conveyancing of immobile and poorly mobile people.

320 COCHRANE, G.M. and WILSON, A.K. (eds), WILSON, A.K. (comp) (1990) *Equipment for the disabled: hoists and lifts*, 2nd edition, Oxford: Nuffield Orthopaedic Centre, 135pp

Gives detailed information, with illustrations, on a wide variety of hoists and lifts currently available to enable disabled and older people to cope with such activities as travel by car, using the swimming pool, using their bathroom and going between floors in their own home.

321 COCHRANE, G.M. and WILSON, A.K. (eds), WILSON, A.K. (comp) (1991) *Equipment for disabled people: walking aids*, 2nd edition, Oxford: Nuffield Orthopaedic Centre, 96pp

Gives detailed information, with illustrations, on a wide range of walking sticks, walking frames, crutches, trolleys, rollators and rest seats.

322 FEUERSTEIN, P. (1990-91) Safe shoes for seniors, *Family Safety and Health*, 49 (4) 12-13

Stresses the importance of choosing proper footwear for the safety of older people.

323 MAYFIELD, W. (1984) *A survey of walking frame issue and use*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology, 21pp

A survey carried out by the Institute for Consumer Ergonomics on behalf of the Department of Health. Collects data on walking frame users and identifies problems. The survey involved interviews and observation of walking frame users in their place of residence.

324 MAYFIELD, W. and HARRIS, C.M.T. (1984) *Walking frames*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology, 126pp + appendices

A report of a two and a half year project commissioned by the Department of Health to investigate walking frames, since these had been identified as the mobility aid which presented the greatest problem. The report develops criteria for the selection and evaluation of walking frames, and, using ergonomics and technical tests, evaluates a range of walking frames in relation to the needs of the user.

325 (1987) Passengers in wheelchairs: new code of practice, *Community Transport*, 6 (3) 3, 28-9

Outlines a code of practice on the safety of passengers in wheelchairs on buses.

ROAD SAFETY

Using roads, in the role of both pedestrian and driver, represents a particular risk for older people as, even if fit, they are inclined to move more slowly when crossing roads and may have slower reactions when driving. While some of the literature stresses the deterioration in driving abilities of older adults (Agate 1982, Automobile Association 1988), other publications demonstrate with statistics that older drivers are sometimes safer (Broughton 1988). Distinctions are made in some studies between accidents and fatal accidents, the latter inevitably having more to do with ageing than the former. Much literature is generated from the United States, where the ability to drive plays a far greater role in maintaining independence. In the UK there are many studies on the safety of pedestrians and in particular on crossing facilities. Literature has also been included which gives details of suitable adaptations to cars for disabled and older people.

326 AGATE, J. (1982) Ageing and driving, *Update*, 24 (7) 1174-8

Points out that many older people have little insight into how much their driving performance may have been affected by age or disease.

327 AUTOMOBILE ASSOCIATION FOUNDATION FOR ROAD SAFETY RESEARCH (1988) *Motoring and the older driver*, Basingstoke: Automobile Association Foundation for Road Safety Research, 40pp

Attempts to provide an insight into the problems faced by older drivers and to examine the extent to which they recognised changes in their driving capabilities. The data is divided into three age groups: 55-64, 65-74 and 75 years and over.

328 BARAKAT, S.J. and MULINAZZI, T. (1987) Elderly drivers: problems and needs for research, *Transportation Quarterly*, 41 (2) 189-206

Argues that although the process of ageing may impair older people's driving performance, older drivers show a wide range of capabilities so that chronological age alone cannot be the criterion of driving competence. Points out that although trends show a long-term increase in fatal accidents to older drivers, this rate of increase is not as fast as their increase in population share.

329 BROUGHTON, J. (1988) *The variation of car drivers' accident risk with age*, Crowthorne: Transport and Road Research Laboratory, Department of Transport (TRRL research report 135), 27pp

Examines variation in accident risk by age to drivers of all ages. Concludes that the safest drivers are aged 64-68, with accident involvement and injury rates about half the average. Also that the proportion of accidents involving older drivers occurring at junctions, though still below the average rate for all ages, was high relative to the rate for other accidents.

330 BULSTRODE, S.J. for ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (1987) *Assessment of supplementary car mirrors*, Bath: Department of Health Disability Equipment Assessment Programme, 31pp

An evaluation of available supplementary car mirrors.

331 BYTHEWAY, B. (1979) Street accidents may hasten the decline to dependence, *Geriatric Medicine*, 9 (9) 57-8

Explains why accidents may have very serious consequences for older pedestrians.

332 CARR, D. et al (1990) Characteristics of an elderly driving population referred to a geriatric assessment center, *Journal of the American Geriatrics Society*, 38 (10) 1145-50

Describes a retrospective study to test the hypothesis that the drivers among those referred to a geriatric assessment centre were operating at a higher cognitive and functional level than non-drivers.

333 CLAYTON, A.B. (ed) (1991) *Older road user: proceedings of a conference on older road users: London, 13th November 1991*, Birmingham: British Institute of Traffic Education Research, 24pp

A collection of papers presented at the conference which aimed to increase awareness of the problems of older road users.

334 COOPER, P.J. (1990) Elderly drivers: views of self and driving in relation to the evidence of accident data, *Journal of Safety Research*, 21 (3) 103-13

An analysis of accidents which involved people aged 55 plus compared to the results of a questionnaire answered in person by a separate sample of older drivers in British Columbia.

335 DEPARTMENT OF ENVIRONMENT (ROAD SAFETY TRAFFIC LOCAL DIVISION) (1975) *Pedestrian safety for the elderly: road safety courses for elderly pedestrians: manual of advice for road safety officers*, London: Department of the Environment, 16pp

Course includes advice on crossing the road, footbridges and subways, Zebra crossings, Pelican crossings, junction signals, central refuges and traffic islands, traffic signs and road markings, general safety points, and drivers' problems.

336 DEPARTMENT OF TRANSPORT (1987) *Road safety: the next steps and interdepartmental review of road safety policy*, London: Department of Transport, 48pp

A full review of road safety policy to address the task of reducing road casualties in which the effects of age are singled out briefly.

337 DEPARTMENT OF TRANSPORT (1991) *Older road user: measures for reducing the number of casualties among older people on our roads*, London: Department of Transport, 12pp

Outlines measures which the Department of Transport, together with other bodies and organisations, is proposing to take to reduce road accident casualties among older people.

338 EDWARDS, M. (1977) *Elderly pedestrians: literature survey*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology, 62pp

A survey of literature connected with pedestrian accidents, the road crossing task, the role of walking in the lives of older people and counter measures in the prevention of accidents.

339 EVANS, L. (1988) Older driver involvement in fatal and severe traffic crashes, *The Journals of Gerontology*, 43 (6) S186-93

Examines driver involvement in severe crashes, the threat drivers pose to pedestrians and the contribution of motor vehicle fatalities to overall mortality. Concludes that although some risks that drivers face may increase with age, the increases are small compared to the reductions in distance driven with increasing age.

340 FELL, J.C. and MORTIMER, R.C. (1989) Older drivers: their night fatal crash involvement and risk, *Accident Analysis and Prevention*, 21 (3) 273-82

A study which concludes that the rate of involvement of older drivers in fatal crashes after dark, although less than that of drivers under 25 years, is greater than that for drivers aged 25-64.

341 GALER, I.A.R. and RENNIE, A.M. (1978) *Elderly pedestrians and road safety: stage 1: volume 1: street interviews with elderly pedestrians*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology (EH/ER/842/185), 119pp

Report of part of a three-year research programme in which a street interview survey was conducted in four cities with a main sample of older respondents and a control sample. Questions asked included type and frequency of outings made by the respondent, the difficulties experienced at various types of crossing facilities, places in the city that pedestrians found particularly difficult and general questions about traffic speed.

342 HELP THE AGED (1980) *Dangers for the elderly on Pelican crossings*, London: Help the Aged, 8pp

Emphasises that a Pelican crossing may not be considered safe if any older person has cause to fear death or injury while using it. Highlights research which shows that many older people find the brief period when the Green Man is lit up insufficient time to cross. Calls for a publicity campaign to re-educate drivers.

343 INSTITUTE FOR CONSUMER ERGONOMICS, LOUGHBOROUGH UNIVERSITY OF TECHNOLOGY (1985) *Problems experienced by elderly people entering and leaving cars*, Crowthorne, Berkshire: Transport and Road Research Laboratory, Department of Transport, 31pp

Concerned with the difficulties encountered by older and disabled people when entering and leaving cars. Deals with the problems of reaching and manipulating items such as locks, handles and seatbelts.

344 LONDON ACCIDENT ANALYSIS UNIT (1990) *Older road user*, London: London Accident Analysis Unit (factsheet no 29), 13pp

Outlines the nature and extent of road accidents in the Greater London area which involved injury to road users over 60 years of age. Stresses that older road user casualties make up almost 11% of total casualties in Greater London.

345 LUCAS-BLAUSTEIN, M.J. (1988) Driving in patients with dementia, *Journal of the American Geriatrics Society*, 36 (12) 1087-91

Emphasises that driving among individuals with incapacitating dementing illness may be an unrecognised and potentially serious problem.

346 MYERSCOUGH, C. (ed) (1975) *Feet first: a pedestrian survival handbook*, London: Wolfe Publishing Ltd for Pedestrian Association for Road Safety, 127pp

Covers all aspects of road safety for all age groups but calls for drivers to show more consideration to older people and for the provision of safer crossing facilities.

347 O'DONOGHUE, J. (1989) Elderly casualties in road accidents. In: *Road Accidents Great Britain 1988*, London: HMSO, 24-30

Explains that road accidents to older people are three times more likely to result in death than those involving younger people. Examines trends in casualties for older people and concludes that the type of casualty has changed in the last ten years.

348 OFFICIAL REPORT OF THE HOUSE OF COMMONS (1988) *Road accidents (driver statistics) (older drivers)*, London: HMSO, 140 (214) 206-207

349 (1988) Old people in traffic: how dangerous? *Ageing International*, XVI (2) 35-8

A cross-national study of older people as car drivers and pedestrians. Makes policy recommendations in which education is seen as the key element for improving safety for older pedestrians, along with improved traffic signals, adequate lighting, the location of bus or tram stops away from corners and near to crossings. Recommends age neutral safety policies wherever possible.

350 ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT in cooperation with the WORLD HEALTH ORGANISATION (1985) *Traffic safety of elderly road users*, Paris: OECD, 183pp

Road transport research which considers socio-demographic trends, traffic patterns of older road users, the psychological and psycho-physical change in ageing road users, road accidents of ageing road users, prospects for improving the safety of the older road user, the role of education in reducing road accidents to older people and legislative measures and controls.

351 RENNIE, A.M. (1978) *Elderly pedestrians and road safety: stage 1: volume II: interviews with elderly pedestrians*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology (EH/ER/842/185), 84pp + appendices

Describes a survey in which pedestrians aged 60 and over with no chronic disability were interviewed in homes and recreation centres in Leicester. The questionnaire included details on familiar outings, pedestrian crossing facilities, road safety education, and knowledge of road signs.

352 RENNIE, A.M. and WILSON, J.R. (1979) *Elderly pedestrians and road safety: behaviour of elderly pedestrians: methods of collecting data about the behaviour and opinions of pedestrians*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology (TRR/842/185), 35pp

For this investigation, which was part of a larger study, the behaviour at junctions, pedestrian refuges and Pelican crossings of pedestrians aged over 60 years and that of a control group of younger pedestrians was recorded on video film and subsequently analysed. Short street interviews were also conducted to obtain opinions on specific types of crossing facility.

353 RENNIE, A.M. and WILSON, J.R. (1979) *Elderly pedestrians and road safety: behaviour of elderly pedestrians: pedestrian behaviour at signal controlled junctions*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology (TRR/842/185), 82pp

For this study, seven intersections with traffic signals were chosen, with varying degrees of pedestrian phases. Data was collected by interview with both older and younger pedestrians and through video recordings.

354 RENNIE, A.M. and WILSON, J.R. (1980) *Elderly pedestrians and road safety: behaviour of elderly pedestrians: choices of crossing facility*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology (TRR/842/185), 32pp

A study of comparative use of crossing facilites in which five sites were selected which provided a choice of crossing facility. Observers noted the number of older people and other adults who used each facility at various periods during one day.

355 RETCHIN, S.M. et al (1988) Performance-based measurements among elderly drivers and non-drivers, *Journal of the American Geriatrics Society*, 36 (9) 813-19

Examines driving performance of three groups of males aged over 70 years who drove frequently, infrequently or rarely. Significant differences were noted in grip strength, reaction time, visual acuity and peripheral vision. Concludes that subtle motor and visual deficits that can be detected by a performance-based assessment may play an important role in determining driving frequency in older people and could form the basis for retraining.

356 REUBEN, D.B. et al (1988) The aging driver: medicine, policy and ethics, *Journal of the American Geriatrics Society*, 36 (12) 1135-42

Reviews the medical grounds for determining competence to drive, discusses ethical implications and reports on legal regulations in America.

357 RICHTER, R.A. and FEGAN, J.C. (1983) Making crossing structures accessible for elderly and handicapped pedestrians, *Public Roads*, December, 84-8

Highlights the design limitations of crossing structures for older and disabled users and makes suggestions for ramp grades, slip resistant walkway surface materials, rest stops and orientation cues.

358 ROBINSON, C.C. (1985) Highway mobility and the safety of older drivers and pedestrians, *ITE Journal*, 55 (12) 34-6

Argues that road conditions, sign design and lighting do not adequately take into account the needs of older people, since reduced visual capability, particularly a reduced range of peripheral vision, slows down reactions. Suggests some

safety recommendations which, though of particular help to older drivers, would bring about a universal improvement in road safety.

359 ROTHE, J.P. (1990) The safety of elderly drivers: yesterday's young in today's traffic, New Brunswick: Transaction Publishers, 435pp

Integrates statistical findings and survey data with interviews and discussions with older drivers who have been involved in a serious accident and a random sample who mostly have not. Summarises theories of ageing and research on older drivers. Makes recommendations for future traffic planning.

360 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (1986) *Assessment of car seat belt adaptations*, Bath: Department of Health Disability Equipment Assessment Programme

An evaluation of available car seatbelt adaptations.

361 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (1988) *Assessment of car handbrake adaptations*, Bath: Department of Health Disability Equipment Assessment Programme

An evaluation of available car handbrake adaptations.

362 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (1988) *Assessment of car steering wheel knobs*, Bath: Department of Health Disability Equipment Assessment Programme

An evaluation of available car steering wheel knobs.

363 SHEPPARD, D. and PATTINSON, M.I.M. (1986) *Interviews with elderly pedestrians involved in road accidents*, Crowthorne: Department of Transport (TRRL research report 98), 11pp + appendix

Relates to a survey carried out among older pedestrians who had been involved in road accidents in Sussex. Suggests that older people might benefit if they could be given advice on how best to compensate for physical handicaps, how to predict more accurately what drivers are likely to do in particular circumstances, and the safest routes to frequent local destinations, such as shopping areas.

364 SJOGREN, H. (1991) Injuries to the elderly in the traffic environment, *Accident Analysis and Prevention*, 23 (1) 72-87

Provides an analysis of people over 60, who were injured in the traffic environment over a one-year period. Examines the types of injuries sustained and concludes that vehicle-associated injuries account for over a third of all the injuries to older people within the traffic environment.

365 SPACKMAN, A. (1984) Elderly pedestrians and road safety, *Journal of the Institute of Health Education*, 22 (2) 47-52

Details of a research and development project carried out by the Health Education Unit at Southampton University.

366 VAN DER DOES-ENTHOVEN, V.I. (1975) The handicapped in a speed-minded society, *International Federation for Housing and Planning Bulletin*, 4, 22-4

A plea for better facilities for disabled people to enable them to use roads and crossings safely.

367 WILSON, J.R. and RENNIE, A.M. (1980) *Elderly pedestrians and road safety: a summary report*, Loughborough: Institute for Consumer Ergonomics, Loughborough University of Technology (TRR/842/185), 68pp

A summary report of a three-year study which aimed to compare the behaviour and opinions of older pedestrians with those of younger adults, to compare the difficulties which older pedestrians said they experienced with the difficulties they actually experienced and to suggest design changes to alleviate those difficulties.

368 WOLFFELAAR, P.V. and ROTHENGATTER, T. (1987) Compensation strategies of elderly car drivers. In: MEGOW, E.D. (ed), *Contemporary Ergonomics 1987*, London: Taylor and Francis, 95-100

From observation of differences in accident patterns argues that older people adapt their driving strategies to compensate for their decreased capabilities.

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